S. No. 1

| PLACE OF DEATH County Nonestry | 05989 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 352 |
|--|--|
| Village or City Marke Ind (No | St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Yea | S HEREBY CERTIFY, That I attended the deceased from |
| FOR THE STATE OF THE PROPERTY | hrs. The CAUSE OF DEATH * was as follows: |
| (State or country) Distribution The property of the property | Contributory Secondary (Duration) (Duration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL(OR REMOVAL DATE OF BURIAL |
| Filed May 1980 I Vanungera | 20 UNDERTAKER Cheyer would rewising V. S. No. 1. |
| | , , |

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile Salesman, (b) Grocery; factory. The material Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State chuse for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be ss important. Example: *Measles* (disease etc. The valvular heart disease; contributory Measles ;

| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Worcester | 05430 CERTIFICATE OF DEATH |
| | Registration Dist. No. 352 |
| Village or City Newark (No. | St.: Ward) (If death occurred a hospital or institution, give its NAME |
| 2FULL NAME Marshall C. | acleus stead of street a |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH July 28, 1930 (Month) (Day) (Year). |
| 6 DATE OF BIRTH Quil. 25, 1930 (Month) (Day) (Year) | that I last saw hely alive on July 26, 198 |
| 7 AGE If LESS than I day hrs. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Jostra Enlevilis |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos / O |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) yrs mos. |
| 10 NAME OF Isaac adkers | (Signed) C 9 Holland M. My 29 1970 (Address) Below ma |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Ida Hudson | IS LENGTH OF RESIDENCE (For Hospitals, Institutions, True |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmos |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, it not at place of dea h? |
| (Informant) Mrs. Ida adkring | Former or usual readence |
| (Address) Beslin M. | Cedar Chapel July 29 195 |
| Filed 7/29 1930 Il Mumford | 2. W. Burbage Bellin M |
| If more blanks are needed, addre s tate kegistra | r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Ilouseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) eman, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, (b) materia Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E.haustion," "Heart failure," "Liaemorrhage, "Shock," "Shock," "Admit Altenge "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart Measles ; disease;

V. S. No. 1

N. B.-

| PLACE OF DEATH | 07109 STATE OF MARYLAND |
|--|---|
| County Worcester | CERTIFICATE OF DEATH |
| near 1 11. | Registration Dist, No. 35/ |
| Laz & Solid | |
| Village or City Dun (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 1, ru t/ Ostin | St: Ward) a hospital or institu- tion, give its NAME II - stend of street and |
| 2FULL NAME O JY. CLAUCIUS | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED | 16 DATE OF DEATH |
| markey Markey or Divorced | 1000 9 , 19 2 0 |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 1908 | 1997). to 1990, |
| (Month) (Day) /(Year) | that I last aw h Walive on 1990, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at //1/64_m. |
| 22 yrs. J mos. 3 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| yrsds. ormin.? | Parl of States and States |
| (a) Trade, profession or Land | Valuenary Jordan Carlotte |
| particular kind of work (b) General nature of industry | |
| business, or establishment in | (Duration) yrs. mosds. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary |
| I 10 NAME OF | (Duration) trsds. |
| FATHER SAAA DERINO | (Signed) M. D. |
| 11 BIRTHPLACE | Anno 9 100 (Address) Decent Hill Ind |
| OF FATHER (State or country) Warefood | State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| TI MAIDEN NAME | Accidental, Suicidal or Homicidal. |
| of MOTHER Juin Selby | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| (State or Country) Mary out | of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE | Where was disease contracted, if not at place of death? |
| Marie Tuilo | Former or usual residence. |
| (Informant) | 19 PHACE OF BURIAL OR REMOVAL PATE OF BURIAL |
| (Address) Front Itell M. 2 | Cedar Chopel July 11, 1930 |
| | 20 UNDERTAKER APDRESS |
| Filed 69 19230 LE Cac Seult | Chand Coursell Land della |
| If more branks are needed, address State Registrar | 16 W. Saratova St., Balto., Requesting V. S. No. 1. |
| if more planks are needed, addre.s Ltate Negistrai | a war and a management of the same and a management of the same and a same and a same |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more parent laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Stationary fireman, etc. Automobile factory. The Locomotive engineer, But in many (6) materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart I "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic Example: Measles (disease " "Old Age, " "Shock," affection etc. The contributory valvular heart disease; need not be

| PLACE OF DEATH | STATE OF I |
|--|--|
| Country | CERTIFICATE Registration |
| Village or City works ty William | St: Ward |
| 2FULL NAME () | ller |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) |
| 6 DATE OF BIRTH (Month) (Day) (Y | that I last saw h alive on the |
| 7 AGE If LESS I day cor ds. or | hrs. The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Messaluse 6 |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) crester Com | Contributory Secondary (Durstion) |
| 10 NAME OF FATHER Nelson Duyden | (Signed) - 2 Anton |
| OF FATHER (State or country) begrevore Clay My 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER | *State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. |
| OF MOTHER Mane Allen | 18 LENGTH OF RESIDENCE (For Hospi |
| (State or Countral energy city Mrs) | At place of death |
| (Informant) I THE BEST OF MY KNOWLEDGE | Former or usual residence |
| (Address) Drinolla | 19 PLACE OF BURIAL OF REMOVAL |
| 15 Filed \$ 1 8 19230 E & Horp Registr | The state of the s |
| If more banks ere needed, address State Re | gistrar, 16 W. Saratoga St., Balto., Requesting V. |

MARYLAND OF DEATH

Dist. No.

(If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and number.)

OF DEATH ended the deceased from ...mos......ds, or, in deaths from jury and (2) Whether tals, Institutions, Transe.....yrs.....mos.... DATE OF BURIA

S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more previous arrival abover, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart ташиге, плаетогладе, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

S. No. 1

| HYSI- | Exact | / |
|---|---|---|
| N. B Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | statement of OCCUPATION is very important. See instructions on back of certificate. |
| should b | it may b | s on back |
| ACE | so that | ructions |
| supplied | in terms | See inst |
| carefully | TH in pla | portant. |
| hould be | OF DEA | is very in |
| mations | te CAUSE | PATION |
| of info | uld stat | of occu |
| ry Item | NS sho | tement c |
| BEve | CIA | stal |
| 2 | | |

| PLACE OF DEATH County Marcely | 05990 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| | Registration Dist. No. 352 |
| Village or City Berlin mg. (No | St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF REATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. | MEDICAL CERTIFICATE OF DEATH |
| mal colored MARRIED, married WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 27, 1980. (Youth) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 14 , 1881 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw h live on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, atm, |
| 49 yrs. 10 mos. 14 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or Barker particular kind of work | Tulmoney IB. from |
| (b) General nature of industry | Justin Justin |
| business, or establishment in which employed or (employer) | (Duration) yrs, mos, de. |
| 9 BIRTHPLACE (State or country) Reedville, north Caroling | Contributory Secondary (Duration) yts mosds. |
| 10 NAME OF Brusto aller | (Signed) M. D. |
| OF FATHER (State or country) Readville North Caroling | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother many B. Callin | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Reedry lle marth (aroling | At place In the of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Riley Robbins | Former or usual residence |
| (Address) Berlin, md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AM. E. Cernetap June 1, 1930 |
| Filed May 25 1050 DV. Muenified | Las a Purnell Snowline |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be ass important. Example: Measles (disease and consequences (e. g., sepsis, etc. The valvular heart disease; contributory Measles;

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| | CORD | EXACTLY |
| DNG | ENT | d be stated y be prope |
| BIND | PERM | shoul titma |
| FOR | IS A | L. ACE |
| MARGIN RESERVED FOR BINDING | NG INKTHIS | refully supplied in plain terms |
| MARGIN | WITH UNFADING INK-THIS IS A PERM ENT CORD | tion should be carefully supplied. ACE should be stated EXACTLY, PHYSI-AUSE OF DEATH in plain terms so that it may be properly classified. Exact |

| PLACE OF DEATH COUNTY Worcester | 11411 | E OF MARYLAND |
|--|--|--|
| County W breester | | FICATE OF DEATH |
| 0. c.1- | (90) Re | gistration Dist. No. 2 |
| Village or City Veen (No. | St.: | Ward) (If death occurred in a hospital or institu- tion, give its NAME is - |
| 2FULL NAME Beatrice C. an | derson. | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERT | FICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, K WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Que | 5 / 9 (L. 1) 20 (Year) |
| 6 DATE OF BIRTH | 17 OF HERENY CERTIFY. | That I wanted the deceased from |
| December 28, 1886 | of dear | 192 ales |
| (Month) (Day) (Year) | the I last saw halive on . | 192 |
| 7 AGE If LESS than I day hrs. | and that death occurred on the | date stated above, atm, |
| 43 yrs. 7 mos. 2 ds. or min.? | Vrganie K | earl lesson |
| B OCCUPATION (a) Trade, profession or | How he | elay of |
| Vparticular kind of work | / Cases | |
| b) General nature of industry business, or establishment in which employed or (employer) | *************************************** | ration)ds. |
| 9 BIRTHPLACE (State or country) Censeybarra. | Contributory Secondary | Agrion yrs mos ds. |
| 10 NAME OF J. Warlaw. Clark. | (Signed) Karen | M. D. |
| OF FATHER | *State the Disease Caus | ing Death, or, in deaths from |
| C (State or country) 12 MaiDEN NAME 12 MaiDEN NAME 13 Maiden NAME 14 Maiden NAME 15 Maiden NAME 16 Maiden NAME 17 Maiden NAME 18 Maide | Violent Causes, state (1) M Accidental, Suicidal or Homicidal | eans of Injury and (2) Whether |
| of MOTHER Ebsabeth Mendenhal | 1B LENGTH OF RESIDENCE (| For liospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | At place | In the State yrs mos ds. |
| (State or Country) | of death | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of des h? | 70 E 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| (Informant) Mr. Ephrama underson | usual rep.dence | OVAL DATE OF BURIAL |
| (Address) Oxford Ga | 19 PLACE OF BURIAL OR RENG | 2. Queg. 22, 19.30 |
| 15 Filed aug 19 19230 I & Mumford | 20 UNDERTAKER Burbs | ge Cerlin, Me |
| If more b-anks are needed, addre.s Ltate Negistra | , 16 W. Saratoga St., Balto., Keq | uesting V. S. Ivo. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Measles; disease;

(1) EVERY

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S. No.

| PLACE OF DEATH County Workester | | 05991 | STATE OF CERTIFICATI | |
|---|---|---|---|--|
| Village or City Syow // SP 2 FULL NAME | $\gamma \circ \gamma$ | mstrung | St.: Ward | (16 1-44 1 1- |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDIC | AL CERTIFICATE | OF DEATH |
| rale 4 COLOR OR RACE | 5 SINGLE, MARRIED, Sungle WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | Month) | / |
| 6 DATE OF BIRTH (Month) | 12 , 1894 (Day) (Year) | that I last saw had | CERTIFY, That I at | tended the deceased from 7 28 , 1930, 7 28 , 1951, |
| 7 AGE 3 6 yrs. 0 n 8 OCCUPATION (a) Trade, profession or | If LESS than I day hrs. or min.? | and that death-occur The CAUSE OF DEAT Milral IT | egergetation | in of heart. |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Jobour 100 mg | Contributory Secondary | (Durstion) | used Wim) |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) S Now | Henry Hell md | (Signed) | (Address) (AM) lisease Causing Death ate (1) Means of I or Homicidal. | or, in deaths from njury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | la Pwinell 11 //ll md | ients or Recent Re ients or Recent Re At place of death | SIDENCE (For Hosp sidents) In the | itals, Institutions, Trans- |
| (Informant) Edger (Address) Symples 15 Filed 573 1930 LE | | if not at place of deal Former or usual residence | .h} | DATE OF BURIAL May 3, 1938 |
| 15 Filed 5/3 1930 LE | Registrar | C.a. Vier | eull | Suow Hell me |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-(b) Automobile factory. The material Stationary freman, etc. But in many For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease etc. The contributory valvular heart disease; Measles;

V. S. No. 1

| X | 1 | | FLY, PHYSI- |
|---|----------------|----------------|---|
| | | CORD | plied. ACE should be stated EXACTLY, PHYSI- |
| | 57.0 | ENT | be stated |
| | ED FOR BINDING | THIS IS A PERM | pinous |
| | FOR | IS A | ACE SP |
| | ED | CHIS | plied |

| PLACE OF DEATH | 03429 | STATE OF MARYLAND |
|---|--|---|
| County Worcester | | CERTIFICATE OF DEATH |
| | (29) | Registration Dist. No. 362 |
| Village or City Ironshire (No | | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | | |
| Female White (Write the word) Single | 16 DATE OF DEATH | March 7, 19220 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | | Y CERTIFY, That I attended the deceased from |
| August 11 , 1.876. (Month) (Day) (Year) | that I last saw h | 0 |
| 7 AGE If LESS than I dayhre. | | rred on the date stated above, atm TH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work | Chrosie | - Nephrilis |
| (b) General nature of industry business, or establishment in which employed or (employer) Housework | | (Durstion) yrs. mos. ds |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary | (Duration) yrs |
| 10 NAME OF FATHER John Aydelotte | (Signed) J | u le Tyrdoel M. D. M. (Address) Partie |
| OF FATHER (State or country) Maryland | | Disease Causing Death, or, in deaths from thate (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER Clara Aydelette 13 BIRTHPLACE | ients or Recent R | ESIDENCE (For Hospitals, Institutions, Trans esidents) |
| OF MOTHER (State or Country) Maryland | At place of death yrs | mosds, Stateyrsmesde |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea Former or usual residence | |
| (Informant) Mrs.Geo.Godfery | 19 PLACE OF BURI | |
| (Address) Ironshire Md. Filed May 101930 I V Mumfred Registrat | Godfrey Bu | arying Ground Mar. 10, 1931 |
| 10 plus registra | r, 18 W. Saratoga St., | waye wany you |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary the know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, ar At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, name origin; "Cancer" is less definite; avoid cough; "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Haemorrhage," for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature contributory

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, not gainfully em-(6) """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart lauure,
"Old Age," "Shock,"
"Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Committee on Chronic etc. The contributory affection need not be valvular heart Nomenclature disease;

PHYSI-

| PLACE OF DEATH | STATE OF MARY |
|---|--|
| County 21 Markestar | GO CERT!FICATE OF |
| | Registration Dist. No |
| Village or City / Zerles (No. | St.: Ward) (If d a hos |
| 2FULL NAME Waniel Ceyr | otion, stead numb |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DE |
| Male Color or RACE SINGLE, MARRIED, MARVAGE (Write the word) | 16 DATE OF DEATH (Month) (Day) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended t |
| 186 | Mary 1980 to flore |
| (Month) (Day) (Year | r) that I last saw harm alive on May |
| 7 AGE | |
| l day l day de. or mi | |
| (a) Trade, profession or particular kind of work | Chronic balulas He |
| (b) General nature of industry business, or establishment in which employed or (employer) Harnes | (Duration)yrs, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) |
| 10 NAME OF FATHER A. C. C. C. C. | (Signed) C. O. Holland |
| of 11 BIRTHPLACE | Me 5' 18 0 (Address) Berlin |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | / *State the Disease Causing Death, or, In Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal. |
| of MOTHER Maline Purnels | 18 LENGTH OF RESIDENCE (For Hospitals, In |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs mos. ds. In the State yrs State yrs late. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Daniel agree & | Former or usual residence |
| (Address) Bushing Out | 19 PLACE OF BURIAL OR REMOVAL |
| 15 Filed June 5 130 l V. Ayumpul | 20 UN DERTAKER ADDR |
| Life of the gristrar | etray, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |
| If more blanks are needed, address fate Regis | tray, to W. Saratoga St., Dalto. Requesting V. S. No. 1. |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 352

(If death occurred in

| | otion, give its NAME in stead of street and number.) |
|---|--|
| | MEDICAL CERTIFICATE OF DEATH |
| | 16 DATE OF DEATH June 4, 1991 |
| į | (Month) (Day) (Year) |
| | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | Mary 1980 to June 4 , 1980 |
| | that I last saw heren alive on May , 1981). |
| | and that death occurred on the date stated above, at |
| | The CAUSE OF DEATH * was as follows: |
| | |
| | Chronic balunas Heart Dissin |
| | |
| | (Duration) yrs, mos, ds. |
| | Contributory Secondary |
| - | (Duration) Trs |
| | (Signed) C. a. Holland M. D. |
| | June 5' 18 D (Address) Berlin graf |
| | *State the Disease Causing Death, or, In deaths' from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | At place of deathyrsds. In the Stateyrsds. |
| | Where was disease contracted, if not at place of death? |
| | Former or usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | At Caule Chinings, 1800 |
| - | 20 UN DERTAKER ADDRESS |
| | V. II Burbage Berling my |

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. single word or term on But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homierde; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) a for malignant Chronie Example: Measles (disease et ectron need not be eoplasms); ar heart disease; the contributory Measles;

V. S. No. 1

N. B.--

| PLAGE OF DEATH County Corcester Village or City 2FULL NAME () Joullar | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) 21 (Day) 7 (Day) 17 I HEREBY CERTIFY, That attended the deceased from 182 1. to 192 0 that I last saw hereafty on 192 0 |
| If LESS than I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | The CAUSE OF DEATH * was as follows: (Duration) |
| DESTRIPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) | (Signed). (Signed). (Signed). (Signed). (Signed). (Address) M. S. (Sig |
| (Informant) Chen Ballard (Address) Portomone City Md 15 Filed 2 2 19236 & Sharping Registrar | Where was disease contracted, if not at place of death? Former or usual residence 20 UNDERVAKED 20 UNDERVAKE |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., (a) Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (0) Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

No. 1 00

2

PLACE OF DEATH

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Woulder | CERTIFICATE OF DEATH |
| 72 | Registration Dist. No. 362 |
| Village or City / LWark (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME amelia 6. 13 | asset tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH MLLY 25, 19836 |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 1870 | Jus 1924 to July 22 , 1928 (|
| (Month) (Day) (Year) | that I last saw handlive on free 20, 1971, |
| 7. AGE III LESS than | and that death occurred on the date stated above, atm |
| 59 yrs. 7 mos. 4 ds. or min. | The CAUSE OF DEATH * was as follows: |
| | Char Gull Ta |
| B OCCUPATION (a) Trade, profession or | was within the |
| particular kind of work | 0 |
| (b) General nature of industry business, or establishment in | (Durstion) yrs mos ds |
| which employed or (employer) Augules 40 | |
| 9 BIRTHPLACE (State or country) Massel and | Contributory Secondary (Duration) yrs mos ds |
| 10 NAME OF | & Da A. Lace |
| FATHER JOM. 18. Jarman | (Signed) M. D |
| II BIRTHPLACE OF FATHER | 1986 (Address) Doth on in doths from |
| Z (State or country) Manyand | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER MANY OF A SIMMONO | 18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Brans |
| 13 BIRTHPLACE | ients or Recent Residents) At place |
| OF MOTHER MALES LANGE A | of deathyrsmosds. Stateyrsmosds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, it not at place of dea.h? |
| THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE | Former or |
| (Informant) MS. Marriori Vrinsing | usual residence |
| (Address) newash Jud. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 7 3, 1930 |
| 15 0 0 12 -1 0 1/21 / 1 | 20 UNDERTAKER ADDRESS |
| Filed July 23 1980 J. Il Humford | 1. 11 Burhaye Berlin Mas |
| If more b.anks are needed, addre.s Ltate Negistra | , 18 W. Saratoga St., Balto., Kapuesting V. S. No. 1. |
| | |

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Ilouseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal lever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Inal meningitis"); Dinhtheria (avoid Fneumonia"); Dinhtheria preumonia preumonia, Bronchoppeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, Example: Measles (disease The n_ture of the injury, valvular heart disease; affection etc. The contributory need " Shock," not be

(Approved by U. S. Census and American Public Health Association.)

Laborer, state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health tired 6 yrs). business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cn at home, or At Home, and children, not gainfully em-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation The ques-""Deal-

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"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Shock," stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brone's neumonia (secondary), (secondary or intercurrent) affection need not be inges, perilonaeum, etc., approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsus, carbolic acid-probably suicide. The nuture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic Carcinoma, Sarcoma,, etc., of etc. valvular heart disease; Nomenalature of the The contributory Measles;

| | D | TLY, PHYSI- |
|------------|----------|--------------------------------------|
| O | BIN ESOR | ACE should be stated EXACTLY, PHYSI- |
| OR BINDING | PERN | should b |
| N. | A | ACE |

of certificate.

3 SEX

7 AGE

PARENTS

Female

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KN

(a) Trade, profession or

particular kind of work General nature of industry

business, or establishment in which employed or (employer)

6 DATE OF BIRTH

| 1PLACE OF DEATH | 12 |
|------------------|----|
| County Worcester | |

5 SINGLE.

Housewif

Virginia

John W.Jes

Virginia.

Virginia

Mary Matthew

Edgar Benson

(Address . F . D#2Pocomoke

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1.

74-10

STATE OF MARYLAND CERTIFICATE OF DEATH

| | | . – | 0 | - | |
|--------------|-------|-----|---|---|---|
| Registration | Dist. | No. | ک | 2 | C |

Village or City Pocomoke City (No. R.F.D.# 2.

St : Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

2FULL NAME Emma Byrd Benson

(Month)

PERSONAL AND STATISTICAL PAR

4 COLOR OR RACE

December

White

| AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
|---|--|--|--|
| SINGLE, MARRIED, WIDOWED. OR DIVORCED MATTIE (Write the word) | October 4th, 1980 October (Month) 4th (Day) 1930 (Year) | | |
| | 17 I HEREBY CERTIFY, That I attended the deceased from | | |
| 16th, 1887 | January 7th 192 Q to October 4th , 19230 | | |
| (Day) (Year) | that I last saw her alive on October 4th, , 1923Q | | |
| [lf LESS than | and that death occurred on the date stated above, at 2 . 20 Pm. | | |
| l day hrs. | The CAUSE OF DEATH * was as follows: | | |
| os. 18 ds. or min.? | | | |
| | Cerebral hemorrhage. Right side | | |
| sewife | involved, 4 strokes. | | |
| | (Durstion) Onors O mos de. | | |
| | d orbanstian | | |
| | Secondary | | |
| inia | (Durstion) fyrs | | |
| | (Signed) / KCR (KCR M. D. | | |
| V.Jester | Oct. 6. 192.30(Address) Poconoke City, Na | | |
| | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether | | |
| inia. | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | |
| tthews | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | | |
| V UII GWS | ients or Recent Residents) | | |
| inia | At place of deathyrsmos,ds. In the Stateyrsmosds. | | |
| F MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? | | |
| THE KNOWLLDGE | Former or usual residence | | |
| n | | | |
| noke City, Md. | Pitt's Creek Cemetary Date of Burial | | |
| nove or olove with | Nr. Pocomoke City, Md. Oct. 6th., 1930. | | |
| SHarris | 29 UNDERTAKER / PORSESSKE City | | |
| Registrar | Cornout Thereway Maryland. | | |

No. 1 σĝ

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No.

| - Care | PLACE OF DEATH County Warcustur Meae for City of County land. 2FULL NAME / Some State | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give lta NAME instead of street and number.) | | |
|--------|--|--|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 0 400 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | | |
| | 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CEREUTY, That I attended the deceased from 192 to 2, 1926, that I last saw harmalive on 2, 1920 | | |
| | 7 AGE If LESS than I dayhrs. ormin.? | and that death occurred on the dats stated above, at 245 m. The CAUSE OF DEATH * was as follows: | | |
| | a) Trade, profession or Monday particular kind of work | Forces delivery | | |
| 4 | (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)yrs,raos,ds. | | |
| | 9 BIRTHPLACE (State or country) Marybaced | Contributory Secondary (Duration) yre mos ds. | | |
| | 10 NAME OF Beison | (Signed) M. D. | | |
| | OF FATHER (State or country) Maryland 12 MAIDEN NAME () () () () () () () () () (| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl. | | |
| | OF MOTHER MUMILE Holl 13 BIRTHPLACE OF MOTHER (State of Country) Maryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. | | |
| | (Informant) The BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? Former or usual residence | | |
| | (Address) a consolse leity Med, | 19/14/ce OF BURIAL OF REGIOVAL DATE OF BURIAL DEC 13, 1930 | | |
| | Filed 12/13 19230 & A Harris Registrar | enous liveren o comolation | | |
| | If mora bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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> approved by stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease; Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and all questions

BINDING

FOR

MARGIN

S No.

>

| 1PLACE OF DEATH | 08438 STATE OF MARYLAND |
|--|--|
| County Uncester | CERTIFICATE OF DEATH |
| 20 | Registration Dist. No. 332 |
| Village or City New arke (No. | St: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME James W. Be | tion, give its NAME in- etead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X | 16 DATE OF DEATH 9- (9 1930 |
| mule white WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 L HEREBY CERTIFY, That I attended the deceased from |
| may 24, 186 | Z 1950. to 17, 1950, |
| (Flonth) (Day) (Year) | that I last saw h Linalive on 1950, |
| 7 AGE | |
| 68 yrs. 1 mos. 25 ds. or min | s. The CAUSE OF DEATH * was as follows: |
| 2 OCCUPATION . | Clark Sell to the |
| (a) Trade, profession or Harmer. | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos ds. |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) Mary land. | (Durstion) |
| TO NAME OF HILL BY | (Signed) Murlo Lugo M. D. |
| 11 BIRTHPLACE | - 7/40 1923 (Address) Men 1/2/ |
| L OF FATHER | |
| ш = 0 | State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Sallie Elles | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs mos ds. State yrs ds. |
| (State or Country) Mary Land. | Where was disesse contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or |
| (Informant) Mrs. James Berhards | usual res.dence |
| (Address) newark md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 001 00 | 20 UNDERTAKER ADDRESS |
| 15 Filed July 2/ 1950 d. Mumprel | 20 UNDERTAKER ADDRESS |
| Me more banks are needed, addre of tate Kerist | rar, 16 W. Saratoga St., Bulto, Requesting V. S. No. 1. |

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, to report especially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; materia

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, (secondar) (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) affection Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory need Measles; not be

PLACE OF DEATH

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) work, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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| | Ш | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified | statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| 1 | N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, | | | ĺ |
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| | 1PLACE OF DEATH | STATE OF MARYLAND |
| | County W reester | CERTIFICATE OF DEATH |
| | County | |
| | Lan O 12! | Registration Dist. No. 30 |
| | Village or City The Sunt Kelleno. | St.: Ward) (If death occurred in a hospital or institution, give its NAME it- |
| licaro | 2FULL NAME Gaby, Bish | tion, give its NAME it - stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 5 | 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| 2 | Finale Paloral WHOWED: ORDIVORCED | Mr 27, 1930 |
| 2 | (Write the word) | (Month) (Day) (Year) |
| 5 | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 0 | Nov 27 , 1930 | |
| | (Month) (Day) (Year) | that I last saw halive on, 192, |
| 2 | 7 AGE If LESS than | and that death occurred on the date stated above, atm, |
| 0 | O yrs. O mos. O ds. or min.? | The CAUSE OF DEATH * was as follows: |
| | BOCCUPATION | Dead have a decem |
| | (a) Trade, profession or particular kind of work | veau sque, or says |
| | (b) General nature of industry | Muddittel |
| 3 | business, or establishment in hich employed or (employer) | (Duration)yrs,mos,ds, |
| | 9 BIRTHPLACE | Contributory |
| | (State or country) Wears, Surve) (Hell | Secondary Burstion |
| | 10 NAME OF O | 900 Develop N Con |
| | FATHER Jungo Deslute | (Signed) The Signed M. S. |
| 2 | OF FATHER | 192 (Address) Ocholadold Add Address |
| | Z (State or country) On Score, | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whother Accidental, Suicidal or Homicidal. |
| | 12 MAIDEN NAME OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER (State of Country) Stocktone | At place of death D yrs D mos D ds. In the State D yrs D mos D ds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, haby how dead |
| | (Informant) Ola Water, Midwife (Address) Swidewickel mid | Former or |
| | | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | | 20 UNDERTAKER ADDRESS |
| | 15 Filed 11/29 1930 LELoy Scult | COUNTERIALER STATES |
| | Registrar | W=0, W Weens unow Tell |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer ()estate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal fever (the only definite synonym is "Epidemic cereprospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Pneumonia."); Typhoid fever (never report "Typhoid Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorthage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) (Recommendations on statement of cause of ctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as is indefinite); Tuberculosis of lungs, men-Chronic Example: Measles (disease affection etc. valvular heart disease; The contributory need not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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02431

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

| illage or City(No | St.: Ward) (If death occurred in a hospital or institu- |
|---|---|
| 2FULL NAME NO Name Beloky | tion, give its NAME in- stead of straet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH MAN 4 , 1920 (Month) (Day) (Year) |
| DATE OF BIRTH March (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 1920. that I last saw because on man, 3 , 1980. |
| AGE | and that death occurred on the data stated abova, at OP m. The CAUSE OF DEATH * was as follows: Orngenital Offart suseau |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs, mos 4 de. Contributory Secondary |
| (State or country) Maryland 10 NAME OF FATHER Archie Bishop OF FATHER (State or country) Maryland | (Signed) — (Duration) — yrs — mos, — ds, (Signed) — M. D. — M. D. — *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Pearl Massey 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| (Informant) Archie Bishop (Address) Berlin Md. | if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Riverside Cemetery March 5, 19.3.0 |
| Filed 3/5 19230 Rew Piter | 20 UNDERTAKER ADDRESS 1. W. Bushage Bulin Md |

If more bianks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Hausennaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. ," etc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coul mine, etc. Womsingle word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> uccident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmenmonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: A ccidental drowning; Struck by railway train— "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart "Senile," etc.), "Dropsy, failure," "Haemorrhage, Example: Measles (disease etc. The contributory Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

-Every item of information should be carefuily supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT BINDING WITH UNFADING INK--THIS IS A PERM MARGIN RESERVED FOR WRITE V. S. No. 1

| PLACE OF DEATH County Workister | OS439 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 |
|---|--|
| Village or City hear Duon Filtho. 2FULL NAME allurta H. Beshop | St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH WILLY 8 , 1920 (Month) (Day) (Year) |
| 6 DATE OF BIRTH MOY 19, 1928 (Month) (Day) (Year) | that I last sow h Malive on Mula 3 , 1950, |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | mormal from birth. no gastra entoution - custo. (Duration) We have left de. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER C (State or country) 12 Country 13 Country 14 Country 15 Country 16 Country 17 Country 18 Country 19 Country 10 NAME OF Grand 10 NAME OF Grand 11 BIRTHPLACE 11 Country 12 Country 13 Country 14 Country 15 Country 16 Country 17 Country 18 Country 18 Country 18 Country 19 Country 19 Country 10 NAME OF Grand 11 BIRTHPLACE 11 Country 12 Country 13 Country 14 Country 15 Country 16 Country 17 Country 18 | Contributory Secondary (Durstion) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME PARTITION 13 BIRTHPLACE OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs |
| (Informant) A BUSHOP | if not at place of dea.h? Former or usus! residence |
| (Address) Fried Ma 19230 LECon Swith | 19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL PULL OF BURIAL PATE OF BURIAL PULL OF BURIAL PATE O |
| Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as intercurrent) Chronic valvular heart disease; Example: Measles (disease The nature of the injury, etc. affection need not be The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH County Worcester | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253 |
|--|--|
| Village or City Bishops Md (No | St.: Ward) (If death occurred i a hospital or institution, give its NAME is stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 2 / 0 , 19230 (Month) (Day) (Year) |
| 6 DATE OF BIRTH May 7, 1859 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 212 0 1920 that I last saw because 1920 1920 |
| 7 AGE 7 / yrs. 7 6 mos. 3 ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) |
| 11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) | *State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsds Where was disease contracted, if not at place of death? |
| (Informant) Peter Prishop (Address) Billips gnd Filed 12/1/1923 France Registrat | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Dishop Farm md: Des. 12, 1930 20 UNDERTAKER ADDRESS Allegalle |
| | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and Argerican Public Health Association.)

laborer, Farm laborer, Laborer—Coat muse, laborer, farm laborer, Haborer at home, who are engaged in the duties of the additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, to report worked on may form part of the second statement Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a man, (b) Automobile factory. The specifically the occupations of persons en-Stationary fireman, etc. But in many single word or term on Locomolive (b) materia engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences (e.g., sepsis, ," "Coma," "Convulsions, etc. The contributory affection valvular heart Always qualify all need Mcasles, not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

MARGIN RESERVED FOR

| PLACE OF DEATH County Waruster | 14183 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| | Registration Dist. No. 388 |
| Village or City Bellin (No | St.: Ward) (BISHOP) (BISHOP) Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH Oct 18, 1 | I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw han alive on 9, 1929 0 |
| 7 AGE If LESS than I day hrs. | and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) yrs. mos. ds Contributory Secondary (Duration) yrs. mos. ds |
| 10 NAME OF FATHER Such Bishop | (Signed) Q Holland M. D NOV-12 1980 (Address) Beslin 2nd |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Promie Elles | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State of Country) | At place of deathyrsmosds. In the Stateyrsmosds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Lee Bishoff | Former or usual residence. |
| (Address) Buslin Ind | Riverside Mod, 12, 1930 |
| Filed Nor 18 120 SWIllo Registrar | L. W. Burbaye Berlin Md |
| (Address) Bullin Ind. Filed Mr 14 125 MUTTLES Registrar | Pices of Burial OR REMOVAL DATE OF BURIAL PLANS 19. |

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Furmer (rewithout more precise specification as Day For persons who have no occupation not gainfully em-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ten for the same disease. Examples: Corcbrosphul fever (the only definite synonym is "Epidemic cerebrosphul meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Coreinoma, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondar: or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular affection need etc. The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

| N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYS | CIANS should state CAUSE CF DEATH in plain terms so that it may be property classified. Exa | statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| PLACE OF DEATH | 02067 STATE OF MARYLAND |
|---|---|
| County Worcisler | CERTIFICATE OF DEATH |
| hear. | (98) Registration Dist. No. 357 |
| Village or City Driverfill (No | St.: Ward) (if death occurred in a hospital or institution, give its NAME isstead of number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 2/8 , 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that i last saw h alive on 192 , 192 , |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm. |
| yrsmos/5ds. ormin.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). | midwife. no Physicia in attendance you mos do. |
| 9 BIRTHPLACE (State or country) grean Durwihll and | Contributory Secondary (Duration) Ars. Amos A. de. |
| 10 NAME OF FATHER Perry Blake | (Signed) LE LOY Such M. ROYD, 2/10 19230 Address) Succeededly mg |
| (State or country) Maryland | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Kuth Spencer | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, it not at place of dea.h? |
| (Informant) Perry Blake | Former or usual residence |
| (Address) Suder Hill and | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL My I westly Cerce 2/10, 1930 |
| 15 Filed 2/10 19230 REROY Servita | 20 UNDERTAKER LODRESS H. M. S. Williams Snowtkill |
| if more banks are needed, address htate Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ond |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a Farm luborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) For persons who have no occupation Stationary freman, etc. But in many Automobile factory. The materia. single word or term on Locomotive (b) cngineer, Grocery,

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease Cause in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Hacmorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stated unless important. telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY Chronic and consequences (c. g., sepsis, Example: Measles (disease etc. The contributory affection need ralrular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| PLACE OF DEATH | 02068 STATE OF MARYLAND |
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| County Novelster | CERTIFICATE OF DEATH |
| 0.4 | Registration Dist. No. |
| Village or City Suchley (No. | St.: Ward) St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and |
| 2FULL NAME Salle K | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Revole Color or RACE SINGLE, MARRIED Married OR DIVORCED (Write the word) | 16 DATE OF DEATH TILL 27, 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Don't Kvow, | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| obout Tyrs. mos. ds. or min.? | and that death occurred on the date stated above, at 30 Hm. The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or House wife particular kind of work | Suffer to br |
| (b) General nature of industry business, or establishment in which employed or (employer) | No pr. allowation yes mos de |
| 9 BIRTHPLACE (State or country) Md, | Contributory Secondary (Duration) TES |
| 10 NAME OF FATHER Grand Sperce | (Signed) A Cert M. D. (Address) All Cert Rep. M. D. |
| IN BIRTHPLACE OF FATHER (State or country) (State or country) | *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER SOM MAN TOUR | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsnosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| (Informant) Mattel Marter | Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Stockton Ma | poergas the Mck 2, 1021 |
| 15 File Del 29 1980 Harry Toyler Jegistrai | a Rowly Stockler |
| If more b.anks are needed, addre.s Ltate Kegistra | r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Paysiciam, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on Locomotive engineer, 6) Grocery;

Statement of Cause of Death—Name, first, the DISTATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fecer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Ezhaustion," "Heart Lannuc,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Traemia," "Weakness," etc., when a definite disease atic), approved by Committee on "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic valvular heart disease, and consequences (e. g., sepsis, Example: Measles (disease etc. The affection need Nomenclature of the contributory not be

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| PLACE OF DEATH | 12822 STATE OF MARYLAND |
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| County Macusta | 31 CERTIFICATE OF DEATH |
| 00 110 | Registration Dist. No. 33 |
| Village or City William (No.) | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Fees Blak | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temple Color or race 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH March , 1930 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than I day | |
| yrsds. ormin.? | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Hemenslage (Durenon) yrs. mos de. |
| 9 BIRTHPLACE (State or country) Md | Contributory Secondary (Duration) yrs race 4. de. |
| 10 NAME OF Carever Rouman | (Signed). M.D. (Address) M.D. |
| OF FATHER (State or country) | *State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER WELL SEA | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Living Bennett | Former or usual residence |
| (Address) SWEDLY MA | 19 19 cen oct 16, 1930 |
| 15 Filed Oct 16 192 Harry 17 Tees Pres | 20 UN DERTAKER BENNET SUCELLY |
| If more banks are needed, addres attata Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U: S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter etc., Foreman, especially in industrial employments, it is neces-For many occupations a or At yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Home, and children, For persons who have no occupation (b) Automobile factory. The material Laborer single word or term on -Coal mine, etc. not gainfully em-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept pncumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Exhaustion, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "IIaemorrhage, Chronic etc. The contributory valvular heart Always qualify all disease;

answered in detail, it will prevent turner consequence as data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

111111

| Exact | County Worcester | 15435 STATE OF MARYLAND CERTIFICATE OF DEATH |
|----------------------|--|--|
| pel | THE STATE OF THE PARTY OF | 9.8 Registration Dist. No. 357 |
| ry classif | Village or City from Held (No. | St.: Ward) Blades St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| certi | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| y be prack of | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word) | 16 DATE OF DEATH Sec. 14, 1930 (Month) (Day) (Year) |
| at it ma | 6 DATE OF BIRTH June) 1837 | 17 I HEREBY CERTIFY, That I attended the deceased from 10 10 192 to 192 that I last saw h 200 alive on ALL 10 1957, |
| ms so th | 7 AGE (Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at # |
| lain ter t. See i | (a) Trade, profession or Pelins O merchan particular kind of work (b) General nature of industry | deelius) |
| mportan | business, or establishment in which employed or (employed) 9 BIRTHPLACE (State or country) Somue Blacks | Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) |
| S vary | 10 NAME OF Samuel Blade | (Signed) M. D. All 1961 (Address) Snow Will My |
| TION | OF FATHER Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| occuza | OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| shoul ent of | (Informant) I true TO THE BEST OF MY KNOWLEDGE | Former or usual residence |
| statem | (Address) Soon Hill | Snow Hill Dre 15 , 198 6 |
| 9 ts | 15 Filed 12/15 19230 Le Roy Swith | 20 UNDERTAKER W. J. Hrand Snow Hill |
| | If more banks are needed, addre.s Ltate Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewifc, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a of various pursuits can be known. The ques-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material single word or term on Locomotive engineer, (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same discuse. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "E-haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease "Heart failure, Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory " etc.

permanently filed answered in detail, it will prevent further correspondence. All to data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and all qu stions

| 1PLACE OF DEATH | 02069 STATE OF MARYLAND |
|--|---|
| County Wareistin | CERTIFICATE OF DEATH |
| | 161-0 Registration Dist. No. 352 |
| Village or City Thousells M(No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| 2 FULL NAME Infant Bod | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 786. 8 , 198. 0 |
| prince in the second | (Month) (Day) (Year) |
| GMonth) (Day) (Year) | 4 (199) to 7 1 8 ,199) that I last saw h 199 alive on 7 ch 6 , 199 a. |
| 7 AGE yrsmosds. If LESS than I dayhrs. ormin.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE | Contributory Secondary |
| (State or country) Macyland 10 NAME OF FATHER COME CONTROL CO | (Signed) |
| OF FATHER (State of country) many land 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHE | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Manyland | At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Ella & Bodley | Former or usual residence |
| (Address) Drowlls md R-D. | Bishopville md Odd Free 19. 1930 |
| Filed 2/9 1930 & V. number Registrar | M Pasha Watson Selbyville |
| If more blanks are needed, alidre.s tate Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Scruent, Cook, Househaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a (a) Foreman, ," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the 6 Grocery;

Str tement of Cause of Death—Name, first, the DISE EA. If VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) inay be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Example: Measles (discase " "Coma," "Convulsions, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PICIANS should state CAUSE OF DEATH in plain torms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING Every item of CIANS should

PHYSI-

PLACE OF DEATH

Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.50

| Village o | City Nr. | Pocomoke | City, | R. | F. : | D | · 11 | 5 | |
|-----------|----------|----------|-------|--------|------|---|------|---|-------|
| | | | | -6+III | | - | - | - | HOW P |

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

George Washington Bonneville ²FULL NAME

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 3 SEX 4 COLOR OR RACE MARRIED. MARRIED. WIDOWED, OR DIVORCED (Write the word) | ed February 9th , 1930 (Month) (Day) (Year) |
| August 18th (Month) (Day) | that I last saw h im alive on Feb. 2 , 19230, |
| 78 yrs. 5 mos. 24 da. or | hrs. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Carcinoma Pauls 5 |
| (State or country) Maryland 10 NAME OF FATHER James Bonneville 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME | (Signed) |
| 12 MAIDEN NAME OF MOTHER Harriett Webb 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deethyrsmosds. Where was disease contracted, if not at place of death? |
| (Informant) Mrs. R.N.Littleton (Address) Pocomoke City, Md. 15 Filed 2-11 19230 E.S.Hargis | Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL GOODWILL Cemetery Worcester Co. Md. 20 UNDERTAKER Vernon P. Stevenson ADDRESS Pocomoke City Maryland |

lf more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a additional line is provided for the latter statement; i sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Serual, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a 01 yrs). Farm laborer, 11 without more precise specification as Day Compositor, Home, and children, For persons 6 (a) the kind of work and also (b) the If the occupation has been changed Automobile factory. The Laborer-Coal minc, etc. Architect, who have no occupation single word or term on Locomotive not gainfully em-The quesmateria engineer Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently

answered in detail it with preve

ther correspondence.

ained before the certificate is

stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopncumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. "Inanition," "Marasmus, Via 1859
"Uraemia," "Weakness," etc., when a definite disease approved American Medical Association Examples: Accidental drowning; Struck by railway train-If this certificate is looked peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage Ng " "Marasmus," "Old Age, or intercurrent) affection need cough; Committee on Chronic The n ture of the injury, etc. valvular thoroughly and all questions Nomenclature The Always qualify all heart contributory " "Shock, not be disease ;

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| | 35 | |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME ir - stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from Day) (Month) that I last saw h ____alive on _____, 192____ (Yesr) 7 AGE IIf LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in(Durstion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF 11 BIRTHPLACE RENT OF FATHER the Disease Causing Death, or, In deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country) Where was disease contracted.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. V. Banneso'
(Address) Eden 11/-

Filed 8/29 19230 Relay Swith

Olivele Cewitery

19 PLACE OF BURIAL OR REMOVAL

if not at place of dea.h?

usual residence.

Rug 30, 1934

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Civil engineer, fulness of various pursuits can be known. Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The If the occupation has been changed Salesman, -Coal minc, etc. Locomotive not gainfully em-(6) The quesengineer, material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercausing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1 | r, PHYSI- ed. Exact | | County WO | OF DEATH | ATE LI | MITE O | | |
|---|---|-----------------------------------|--|---|---------------|--------------|---------|---------------|
| CORD | stated EXACTL properly classifile of certificate. | Village or City Pocomoke City (No | | | | | | |
|) | ated | - | PERSON | AL AND ST | ATIST | ICAL F | PARTICU | LARS |
| CIN | be be | | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEMATTIED (Write the word) | | | | | |
| A PERM | SE should nat It may ons on bac | 6 0 | DATE OF BIRT | Ju | ly (Month) | | Blst. | , 1_889 |
| 2 | lled. AC ms so th nstruction | 7 A | GE | 40 yrs. | | | | If LESS than |
| WITH UNFADING INK-IHIS | be carefully supplied. ACE shown IEATH in plain terms so that it may important. See instructions on | 000 | o) General na usiness, or es | ture of industrablishment in d or (employer |) | q00000000000 | | |
| ation should be CAUSE OF DE | | RENTS | 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN | Joseph ACE ER country) | Win | lary dsor | Boun | ds |
| AINN | state SCUPA | PA | OF MOTH | ACE Country) | | Mary | land | |
| WKILE Every item of I CIANS should statement of O | | 14 1 | (Informant) | R.H.Ro | ber | tson | * | |
| | . BEvery CIAN state | 15 | Filed 6 | 5/- | | E A | 1 Ha | For Registrar |
| | | | | | | | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 16 DATE OF DEATH |
| June 22nd., 1930 |
| June (Month) 22 (Day) 1930(Year) |
| 17 I HEREBY CERTIFY, That I attended the deceased from |
| March 3rd 19230 to June 22nd, 1980 |
| that I last saw him alive on June 21st, 1930.92 |
| and that death occurred on the date stated above, at 8 . 30 An |
| The CAUSE OF DEATH * was as follows: |
| de la conte |
| A Myocarditis and nephritis- |
| Custo : 3 to 6 months. |
| (Duration)6d |
| Contributory No known cause. Died |
| Suddendy (Duration) / yrs mos d |
| (Signed) The Carl Hall |
| 6/23rd 19230 (Address) Pocomoke City, Mo |
| *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) |
| At place of death yrs de, State yrs de, |
| Where was disesse contracted, if not at place of death? |
| Former or usual residence |
| Mardela Springs, Md. |
| Wicomico County. June 25th 1930 |
| ADDRESS DA ADDRESS |
| Very Pocomoke City |
| r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

If more branks are needed, address Ltate Registra

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, nature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many (b) Grocery, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND Worresless CERTIFICATE OF DEATH Registration Dist. No. 35/ (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, X may be n back WIDOWED. OR DIVORCED Write the word (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from instruction (Year) 7 AGE and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: terms ds. or min.? 8 OCCUPATION (a) Trade, profession or 50 particular kind of work carefully TH in plain ESI (b) General nature of industry business, or establishment in importa which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) be EA Durstion DO 10 NAME OF (Signed) FATHER shou E OF 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyra......mos..... (State or Country) CIANS should statement of OC Where was disease contracted, if not at place of death?.... THE BEST OF MY KNOWLEDGE usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDER Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from er," etc., (a) Foreman, (b) Automobile fuctory. The material Spinner, should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons ento know For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Doy Cotton mill; (a) Salesman. (a) the kind of work and also (b) the not gainfully emduties of the (6) engineer, Gracery,

Statement of Cause of Death—Name, first, the Disabase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of stited unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc./, "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by ruilway train Whooping "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles ;

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Dealcases, especially in industrial employments, it is neces-Civil engineer. Stetionary fireman, et . But in many the first line will be sufficient, e g. Farmer or Planter, Statement of Occupation Precise statement of oc Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomolive As examples : c (6) engineer, (rovery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Framples: ('crebrospinal fever' (the only definite synonymis'') ademic cerebrospinal meningitis''); Diphtheria avoid use of 'Croup'', Typhoid fever (never report 'Typhoid Pneumonia'); Lobar sneumonia. Bronchopneumonia ''Pneumonia'.

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(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., selsis, lelanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury. accident; Revolver wound of head-homicide; Poisor ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. taken. For violent deaths state means of inju: Y State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Phenderal senticaemia," "Puenpenal peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) approved unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; Chronic walvular heart disease; etc. The contributory not be

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ESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs .. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) nature of the business or industry, and therefore an additional the is provided for the latter statement; it sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servont, Cook definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons enployed as worked on may form part of the second statement. Never return "Laborer." "Foroman," "Manager," "Dealetc., Foreman, applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a Farm laborer. know (a) the kind of work and also (b) the (b) Collon mill; without more precise specification as Doy arm labora. Laborer—Coal mine, etc. Wom-At school, or At home. Care should be taken For persons (b) Automobile If the occupation has been changed (a) Solesman. who have no occupation factory. The materia single word or term on (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EA TOWNING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition, "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on tedanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraenia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Moasles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (secondary Whooping Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, " "Marasmus," "Old Age, " "Shock, or intercurrent) affection need cough; Chronic Example: Measles (disease etc. The valvular Nomenclature heart contributory disease. not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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| 5 | SSIFIE | 1 |
| THE THE PRINCIPLE OF TH | N. BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate. | |
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| PLACE OF DEATH County Worcester 0475 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 354 |
|--|--|
| Village or City Stockton (No | St: Ward) (If death occurred In a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White Single, Wildoweb. Single (Write the word) | April 11 , 19230 (Month) (Day) (Year) |
| 6 DATE OF BIRTH March 28 , 1919 (Month) (Day) (Year) 7 AGE If LESS than | 17 1 HEREBY CERTIFY, That I attended the deceased from Aprl 8 1920, to Apr. 11 , 1920, that I last saw her alive on Apr 11 , 1920, |
| ll yrs. 0 mos. 14 ds. or min.? | and that death occurred on the date stated above, at 8:45 Am. The CAUSE OF DEATH * was as follows: |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Virginia | (Duration) yrs mos ds. Contributory Lobar Pneumonia Secondary (Duration) yrs mos ds. |
| 10 NAME OF FATHERNORMAN M. Brittingham 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) O Auckelson M. D. April 119230 (Address) Stockton, M. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Mattie Shaw 13 BIRTHPLACE OF MOTHER (State or Country) Virginia | 1B LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. |
| (Informant) M. Brittingham | Where was disease contracted, if not at place of deah? Former or usual residence |
| (Address) Stockton, Md. | Portersville Cem. Apr 13 , 19 3 0 |
| | vernon p. Stevenson Pocomoke City |
| If more blanks are needed, address Ltate Registrar. | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Foreman, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(6) material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "(Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), (Secondary or intercurrent) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Committee on Chronic Carcinoma, Sarcoma, etc., of etc. affection need not be valvular heart Nomenclature The contributory Always qualify all " "Convulsions, Measles ; disease

permanently filed. answered in detail, it will If this certificate is log and looked Tover thoroughly and all questions ill prepart further correspondence. All the nust be obtained before the certificate is

| PLACE OF DEATH | STATE OF MARYLAND |
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| County Warces Ter | CERTIFICATE OF DEATH |
| near P | Registration Dist. No. 3 5 |
| Village or City ocourable (No | St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.) |
| 2FULL NAME SLOUGE SV. | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White (Write the word) | 16 DATE OF DEATH Of 125, 128 0 (Month) / (Day) / 93 QYear) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , that I last saw h alive on , 192 , |
| 7 AGE 7 AGE 1 day hrs. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or Hannel | Som attending the one |
| (b) General nature of industry business, or establishment in | Caucon (Duration) yrs des ds. |
| Which employed or (employer) | Contributory A ist of the Title |
| 9 BIRTHPLACE (State or country) Marybaced | Secondary Ramba Julian Tolker Charles (Duration) Wyrs. mos. ds. |
| 10 NAME OF Jeury Browley | (Signed) E S A S S S S S S S S S S S S S S S S S |
| State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Matelda | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dca.h? |
| (Informant) la Svin Browning, | Former or usual residence |
| AA, #(Address) scores be let Ind. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed 4/2 1923 & 1 14 mgist Registrar | 20 UNDERTAKER Stevenson Jacomolation |
| If more banks are needed, addre.s State Registra | ur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

N. B.

| PLACE OF DEATH | UZU : 4 STATE OF MARYLAND |
|---|--|
| County Vacester | CERTIFICATE OF DEATH |
| D+ 0+ | 101-20 Registration Dist. No. 317 |
| Village or City Olocklow (No | St.: Ward) (If death occurred in a hospital or institution, give Its NAME in atead of atreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Ternale Color or RACE SINGLE, MARRIED, Single OR DIVORCED (Write the word) | 16 DATE OF DEATH Jef. 5. 1980 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw he alive on Fel. 4, 1923 C |
| 7 AGE If LESS than I day hrs. or min. | |
| a) Trade, profession or particular kind of work | Lovar Theumoma |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsmosdde |
| 9 BIRTHPLACE (State or country) Sensylvania | Contributory Secondary (Durstion) |
| 10 NAME OF LIFTOND Brown | (Signed) L. D. Diefelffor M. D. Felf. 6, 19230 (Address) Stockton M. D. |
| State or country) Jenny ytvania | *State the Illscase Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME. Janey Gelly | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or Country) Manyland | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Bessie Selly, (Address) Stockton, Ma | Former or usual residence |
| 15 Filed Ref & Bother Registras | 20 UNDERTAKER CE KONNY ADDRESS ADDRESS MATTER ADDRESS |
| If more blanks are needed, address Ltate Registra | r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

ONDERD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborar - con ment, the datics of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer. Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EA. TAUNING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury; aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underean be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite dizease Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Chronie valvular heart disease; etc. The Nomenclature eontributory

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MARGIN RESERVED FOR BINDING

C. S. No. 1

| | PLACE OF DEATH | 03432 STATE OF MARYLAND |
|---|--|--|
| | County worseslin | CERTIFICATE OF DEATH Registration Dist. No. 353 |
| ficate. | Village or City beartuhalyselle 2FULL NAME Docfant Bunt | St.: Ward) (If death occurred in a hospit I or institu- tion, give Its NAME in- stend of street and sumbar.) |
| Serti | PERSONAL AND STATISTICAL PARTICULARS | MIDICAL CERTIFICATE OF DEATH |
| f OCCUPATION is very important. See instructions on back of cer | Temple white Sample Famely white Sample Graph Start A Color or Race Sample Graph Sa | MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the deceased from 2 2 1930 to 2 120 that I last saw how on 2 2 120 and that daath occurred on the date stated above, at |
| itement o | (informant) for the Best of My KNOWLEDGE (informant) for the Best of My KNOWLEDGE (Address) buhaliyilli M. | Former or usual readence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 12 |
| stat | 15 Filed 3/23 1931 J. P. Rym. Rogistra. | 2J UNDERTAKER ADDRESS |
| | If more banks are needed, address State Registra | , 13 W. Saratoga St., Balto., Requesting V. S. No. 1. |

02/132

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, laborer. er," etc., Spinner, (b) Collon mill; (a) Salesman. additional line is wided for the latter statement should be used only when needed. As examples: nature of the business sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et . But in many Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e g. I ermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on Farm loborer, without more precise specification as Day For persons who have no occupation who are engaged in the duties of the (b) Automobile factory. The materia. wided for the latter statement : it and children, Laborer-Coal mine, etc. or industry, and therefore an not gainfully em-(6) Gravery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise set. Etamples: Corchrospinal fever (the only definite synonym is "Upidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup" of "Typhoid fever (never report "Typhoid Pneumonia."; Pneumonia.")

telunus) may be stated under the head of "contributory "Debility" ("Congenital," "Senile," ctc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved as fracture of skull, and consequences (e.g., sersis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMES A., State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY resulting from childbirth or miscarriage by is indefinite); Tuberculosis of lungs, men-Committee on Chronic etc. The contributory valvular heart disease; Nomenclature Meastes, etc., of

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S No.

| PLACE OF DEATH County Worcester | 08440 STATE OF MARYLAND |
|---|--|
| County W 57/Cla UV | CERTIFICATE OF DEATH |
| Village or City Berline (No. | Registration Dist. No. 333 |
| Village or City / Serles (No | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 23 , 1930 (Year) |
| 6 DATE OF BIRTH Ayril 8 , 1868 (Month) (Day) (Year) | 13 1 HEREBY CERTIFY, That I attended the deceased from 1928 to Jul 23 , 1923 C |
| 7 AGE [If LESS than 1 day hrs. or min.?] | and that death occurred on the date stated above, at S. J. M.m. The CAUSE OF DEATH * was as follows: Suresul Hemonheye |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | about 3 years vis. mos ds. |
| 9 BIRTHPLACE (State or country) Maryland. 10 NAME OF FATHER Issac W. Beurbage. | Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Address) (Address) |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER NETTY Amelia Trolland 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) Mary Land. | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents) At place In the State yrs Mos. ds. Where was disease contracted, |
| (Informant) Mrs. Hor don Burbage (Address) Berlin ond. | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Buckingham July 25, 19.30 |
| Filed // Y 4 1920 MUTTLE Registral If more banks are needed, addre. s tate Registral | J. W. Burbage. Perlin Md r, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1. |

(Approved by U. S. Census end American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed er," etc., William laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Dightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E.haustion," "Heart lanure, "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic and consequences (e.g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles; death

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V. S. No. 1

| | HYSI- | Exact | |
|---|---|---|---|
| - | N. B Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact | statement of OCCUPATION is very Important. See Instructions on back of certificate. |
| , | be | pe | X O |
| | should 3 | at it may | ns on bac |
| | ACE | the | tion |
| | supplied. | in terms so | See Instruc |
| | be carefully | EATH in pla | important. |
| | pIL | 0 | ery |
| | hou | 0 | 18 V |
| - | ation s | CAUSE | LION |
| | Inform | state | CCUPA |
| | of | nld | of O |
| | item | s sho | ment |
| | B Every | CIAN | stater |
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| | | | |

| PLACE OF DEATH | | 05993 | STATE OF | |
|---|-----------------------------------|---|---|--|
| County Worcester | 7 | 1 | CERTIFICATE | - 6 |
| | Vis. | 29) | Registration l | Dist. No. 3 1 2 |
| Village or City Berlin (No. | | | St: Ward) | tion, give its NAME in- stead of street and |
| 2FULL NAME William | N. Burbage. | *************************************** | **************************** | number.) |
| PERSONAL AND STATISTICAL PA | RTICULARS | MEDIC | AL CERTIFICATE C | DF DEATH |
| OR DIV | ED. married VED. VORCED the word) | 6 DATE OF DEATH | moy! | 9-, 1930 |
| -merc with re | | T TENTEN | | (Day) (Year) ended the deceased from |
| 6 DATE OF BIRTH July (Month) (| Day) (Year) | May 11 | 19 30 to | 19-,130 |
| 7 AGE 75 yrs | l day hrs. T | | rred on the date stated I'H * was as follows: | above, at 130 Pm. |
| (a) Trade, profession or particular kind of work Retur | ed | Chr. | In reg | thrus |
| (b) General nature of industry business, or establishment in | | | - 10 | |
| which employed or (employer) | •• | | (Duration) | yrs,ds. |
| 9 BIRTHPLACE (State or country) | | Contributory Secondary | rurisoc | usses |
| Maryland | | | (Durstion) | yr |
| 10 NAME OF FATHER | C | Signed) | ras. /P. | dew. M.D. |
| John Burbaga | | F-20- 107 | O (Address) Br | Mi. mid. |
| M II BIRTHPLACE | | | | an in double from |
| Z (State or country) Lang and | | Violent Causes, at | isease Causing Death, tate (1) Means of Informicidal. | jury and (2) Whether |
| E 12 MAIDEN NAME | | | | |
| of Mother matilda Burba | age | B LENGTH OF RE | | als, Institutions, Trans- |
| 13 BIRTHPLACE | | At place | In the | |
| (State or Country) aryland | 0 | f deathyrsn | nosds. State | eyrsmosds. |
| | KNOWLEDGE II | Vhere was disease cont not at place of dea | racted, | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | ormer or sual residence | | |
| (Informant) Mrs. Milliam N. | surpage | 9 PLACE OF BURIA | L OR REMOVAL | DATE OF BURIAL |
| (Address) Berlin, | | Burbages | Cemetery | May 21 1930 |
| 15 Filed May 21 1920 SV. 9 | umfrel 2 | J.W. Bur | bare | Berlin Ma |
| If more branks are needed, a | iddres State Registrar, | | Balto., Requesting V. S | S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Sulcaman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of whatever, write None. business. that fact may be indicated thus; Furmer (rer." etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." diseases resulting from childbirth or misearriage as "PUERPERAL septicucmia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. carbolic acid-probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory not be

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Every

No 00

| | PLACE OF DEATH County Workester | 15436 | STATE OF M CERTIFICATE | |
|--|--|----------------------------------|---------------------------|--|
| | WITHIN CONFORMER LIMITS OF | 74-0 | Registration D | ist. No. 35/ |
| | Village or City Snow Hell (No. 2FULL NAME My this & B | urnite | St.:Ward) | (If death occurre a hospital or ins tion, give its NAMI stead of street number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICA | L CERTIFICATE OF | F DEATH |
| 200 | 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Wildows Cor DIVORCED (Write the word) | 16 DATE OF DEATH | DEC (Month) | 24, 1937 (Day) (Year |
| | 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw har | 1930 to Old | nded the deceased f |
| The state of the s | 8 / yrs. 10 mos. 16 ds. or min.? | and that death occurre | | bove, nt 9 A |
| | a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 7 Pater Anamadall 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 12127 1930 LECOLUPSULAR 15 Filed 12127 1930 LECOLUPSULAR (Address) | Contributory Secondary (Signed) | osds. In the State. | or, in deaths from |
| | Filed 1920 & Eroy Registrar | W.V.X | tramox | mow Hel |

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME in -

(Year).

deaths from

(2) Whether

That I attended the deceased from

and (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Scrvant, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer--Coul minc, etc. Womyrs). For persons who have no occupation without more precise specification as and children, not gainfully em-Locomotive engineer, 9 Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corcorospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispucumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia");

> American Medical Association.) approved by Committee on Nomenclature of the "tetamus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; 'Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic Example: Measles (disease valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

permanently filed.

| PLACE | OF DEATH | | | 03433 | STATE OF I | MARYLAND |
|------------------------------|---|---|--|--|---|--|
| County W | orcester | *************** | | | CERTIFICATE | |
| | WITHIN CORPORATE LINITS 9 | | | (99-0) | Registration I | Dist. No. 35Q |
| Village or City | Pocomoke Cit | (No | | | St.:Ward) | |
| 2FU | LL NAME Elizab | eth A.By | rd | 90 | ******************************** | tion, give its NAME in- stead of street and number.) |
| PERSO | NAL AND STATISTI | CAL PARTICU | ILARS | MEDIC | CAL CERTIFICATE O | OF DEATH |
| s sex Female | White | SINGLE, MARRIED, WIDOWED, W. OR DIVORCED (Write the word) | arried | March 23rd., 1930 March (Month) 23 (Dayl 930 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Narch 20th 1930. to March 22nd 19230 that I last saw h er alive on March 22nd, 19230 | | |
| 6 DATE OF BIS | June (Month) | | , 1_853. | | | ended the deceased from h 22nd , 19230 |
| 7 AGE | 76 yrs. 9 | mos8ds. | | and that death occu | | above, at 1.00 A.m. |
| | rofesaion or House | -wife | | Acute bronchitis | | |
| business, or e | nature of industry establishment in yed or (employer) | | | | (Duration) | yrsmosds. |
| 9 BIRTHPLACE (State or co | Euntry) | *************************************** | | Contributory Exhaustion & collapse Secondary (Duration) yre mos One of the collapse of the co | | |
| 10 NAME (| | | ST. | | | |
| OF FATH | LACE | | | | O (Address) Pocon Disease Causing Death, tate (1) Means of In | or, in deaths from |
| (State of MAIDEN | == | | | Accidental, Suicidal | or Homicidal. | pury and (2) Whether |
| 13 BIRTHP | LACE | in test | | ienta or Recent R At place of deathyrs | esidents) In the | |
| (State or Country) 115 11110 | | | Where was disease contracted, if not at place of deah? | | | |
| (Informant) T.T.Byrd | | Former or usual residence | L OR REMOVAL | DATE OF BURIAL | | |
| - | ress) Pocomoke | 11 1 11 | P | M.P.Cemeta Pocomoke C | ity.Md. | Mar. 25th, 1930 |
| Filed 3 | | ES, At | Registrar | Vernon (2) | coecisin | Pocomoke, City |
| | If more branks are | needed, address | tate Registra | r, 16 W. Saratoga St., | Balto., Requesting V. S | 5, No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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| X | 1 | HYSL |
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| | | Hd XT |
| | NT R ORD | EXACT |
| | NT R | e statec |
| BINDING | PERMA | should be stated EXACTLY PHYSI- |

| PLACE | E OF DEATH | | 07114 | STATE OF | MARYLAND |
|--|------------------------------|--|--|----------------------|--|
| County Wolcester | | | CERTIFICATE OF DEATH | | |
| | | | (31) | Registration | Dist. No. 352 |
| Village or City Berlin (No | | | | St: Ward | (If death occurred ir a hospital or institu- tion, give its NAME in stead of street and number.) |
| PERSO | NAL AND STATIST | ICAL PARTICULARS | MEDIC | CAL CERTIFICATE | OF DEATH |
| 3 SEX Female | 4 COLOR OR RACE White | SSINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH | The | / , 1930 (Day) (Year) |
| August 18 , 1855 (Month) (Day) (Year) | | | that I last saw her alive on June 1, 1923. | | |
| 7 AGE | | mos. 13 ds. or min.? | | TH * was as follows: | d above, atm |
| (b) General : business, or | rofession or | Housewife | | (Duration) | Lings |
| 9 BIRTHPLAC (State or c | ountry) OF Marylan | | (Signed) | (Duration) | and M.D |
| OF FAT C (State of the control of th | LACE HER or country) Marylan | | *State the I Violent Causes, s Accidental, Suicidal | or Homicidal. | or, in deaths from njury and (2) Whether |
| OF MOT | HER ELIZADE | | 18 LENGTH OF Ri ients or Recent R At place of deathyrs | esidents) | itals, Institutions, Trans e iteyrsmosds |
| (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | Where was disease con if not at place of des Former or usual residence | ntracted, arb? | |
| 0 | dress) Beri | | Evergree 20 UNDERTAKER | n Cemetery | JULIE 4 , 19 |
| I Hed | 7 | 10 Rections | J. W. P | Burbage | Berlin, Mid |

If more branks are needed, addres, State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) sary to know whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) ictanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic affection need etc. The contributory valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County / orcester | CERTIFICATE OF DEATH |
| Rear of 11'11 | Registration Dist. No. 357 |
| Village or City Decoud All (No. | St.: Ward) (if death occurred in |
| 2 FULL NAME Ruby Care | Sta: Ward) a hospital or institu- tion, give its NAME in- stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH NOV. 28 1930. (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Nov. 7th 30 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 1030 m. |
| 0 0 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| O yrs. O mos. 30 ds. or min.? | no Doclowine allerdance |
| (a) Trade, profession or Moule | Weakling from firth. |
| particular kind of work | Only weight about 2 points |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Durstion)ds. |
| 9 BIRTHPLACE (State or country) Near Sciontill, | Contributory Secondary (Duration) |
| 10 NAME OF David & Pitts | (Signed) Letoy Secret, & Keg, M. D. |
| of FATHER Ween Benlin Mid | i929 (Address) |
| OF FATHER (State or country) 12 MAIDEN NAME () | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meane of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER LOWILL Carly | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Horulawn, Wa | ients or Recent Residents) At place of deathyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Derotha Carrey | Former or usual residence |
| (Address) Juou Hill my PX | Frenchship amely fill by how 30, 1930 |
| 15 Filed 11/29 19230 RELOY Swell Registrar | Chasa Punel. Snow Hill, Ind. |
| If more blanks are needed, addre.s Ltate Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; sman, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage intercurrent) Chronic valvular heart disease; etc. The contributory affection need not

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V S. No. 1

| | PHYSI- |
|--|--|
| ECORD | EXACTLY, rly classified |
| NENT P | be prope |
| PERMA | shoule it it may is on bac |
| IS A | so tha |
| WRITE PAINLY WITH UNFADING INKTHIS IS A PERMANENT PECORD | N. B.—Every Item of Information should be carefully supplied. ACE should ge star EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| WRITE PAINL | Cians should state state statement of OCCUP |
| | dia . |

| PLACE OF DEATH | 03434 | STATE OF N | MARYLAND |
|--|--|--|---|
| County Worcestes | | CERTIFICATE | OF DEATH |
| MUZINE CONTRACTOR COMPTS AF | 74a | Registration I | Dist. No. 35/ |
| Village or City Snow 14ll(No. | | St.:Ward) | (If death occurred in a hospital or institu- |
| 2 FULL NAME Proilly 2 | bannea | | tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICA | L CERTIFICATE C | OF DEATH |
| J SEX 4 COLOR OR RACE SINGLE, MARRIED. Married OR DIVORCED (Write the word) | 16 DATE OF DEATH | (Month) | (Day) (Year) |
| (Month) (Day) (Year) | that I last saw h.e. | 180.to | 3/6,30, |
| 7 AGE If LESS than I day hrs. or min.? or min.? or min.? | | ed on the date stated | |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 12 anyland | Contributory Consecutive Secondary | Duration) | yrs |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) OF FATHER (State or country) OF FATHER (State or country) | | Address) Just 1 State Causing Death, te (1) Means of Injur Homicidal. | |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | ients or Recent Res At place of deathyrs | idents) In the State acted, | als, Institutions, Trans- |
| (Informant) Mrs. W. T. Hales | Former or usual residence | OR REMOVAL | DATE OF BURIAL |
| (Address) Snow till | Inow I | till Ind | mar 8, 1930 |
| 15 Filed 3/8 19230 LECon Swell | 20 UNDERTAKER | | ADDRESS |

If more b.anks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en, at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Paysician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile Salesman. factory. The material single word or term on Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroopinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

approved stated unless important. American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of cough; by Committee on Nomenclature of the or intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy,",
" "Heart failure," "Haemorrhage," Chronie Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

| PLACE OF DEATH | 08441 STATE OF MARYLAND |
|--|--|
| County Warrester | CERTIFICATE OF DEATH |
| Control of the contro | (13) Registration Dist. No. 3 3 2 |
| B. B. | (16 Janah |
| Village or City Curlin (No. | a hospital or institu- |
| 2FULL NAME Earl Burton | Caspel tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| WIDOWED. OR DIVORCED | JU 9 1923.0. |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 IMEREBY CERTIFY, That I attended the deceased from |
| Sent. 00 1929 | 1920, 1930, |
| (Month) (Day) (Year) | that i last saw han alive on 192.3.0 |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| day hrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. de. or min.? | |
| a) Trade, profession or | |
| particular kind of work | Les Colilis |
| (b) General nature of industry business, or establishment in | 101. |
| which employed or (employer) | (Duration)yrsmos/ Y da. |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Duration) yrsmos,ds, |
| 10 NAME OF | Ca Holland |
| FATHER LOMALINEES CONSHIEL | (Signed) M. D. |
| M 11 BIRTHPLACE | July 14990 (Address) July 1 |
| C (State or country) | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| TI MAIDEN NAME 1 | Accidental, Suicidal or Homicidal. |
| of MOTHER Minue Godgeto | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| OF MOTHER (State or Country) | of deathyrsds. Stateyrsmesds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE | Where was disease contracted, if not at place of death? |
| | Former or |
| (Informant) Whalling Casper | usual residence |
| Mallin Made | E LA SA |
| (Address) / Office / M. | Toergreen frug 10, 1900 |
| 15 Filed July 12 1936 & V. Mumford | 20 UNDERTAKER ADORESS |
| Lepto Registrar | J.W. Durlage Berlin Ma |
| If more branks are needed, address State Registrate | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Plonter, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write Nonc. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm loborcr, Laborer-Coal mine, etc. Womwithout more precise specification as Day If the occupation has been changed Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cercbrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic ccrebro to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart fallure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, peritonocum, etc., Corcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid cough; Chronie valvulor heart disease; etc. The contributory

data is essential and must be obtained before the certificate is permanently filed answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT BINDING PERM MARGIN RESERVED FOR WITH UNFADING INK--THIS IS A AINI WRITE V. S. No. 1 N. B.-

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Worcester | 08442 CERTIFICATE OF DEATH |
| STYNIN SOLD AT WATER | Registration Dist. No. 357 |
| Village or City Dun Mill (No. | |
| 2FULL NAME HUTTI Clare | St.: Ward) (If death occurred in a hospital or institution, give its NAME is steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| Dec 28, 1910 | 199 T 199 (0 , 192). |
| (Month) (Day) (Year) | that I last tay h alive on 1950. |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| 19 yrs. Comes. 8 de or min? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION ds. or min.? | A f |
| (a) Trade, profession or | (/ Millouary Miberculoses |
| particular kind of work y ordinate of industry | |
| business, or establishment in | (Durstion) yrs one ds. |
| which employed or (employer) | |
| 9 BIRTHPLACE (State or country) Urania | Contributory Secondary Durstion Vis. mos. ds. |
| 10 NAME OF Jas aydelville | (Signed) Artu A. Lily M. D. |
| O II BIRTHPLACE | May (Address) Drawy Mus Mil |
| OF FATMER (State or country) 12 MAIDEN NAME (The state of country) | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Hattie Walls | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds. |
| (State or Country) / Manua | Where was disease contracted, |
| 14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) aurouce Clare | usual residence |
| (Address) Dund Heir my | Daplist Cumility My 8, 1936 |
| 15 Filed 7/8 19230 LE Loy Swith | 20 UNDERTAKER Williams Stilling |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| I more comme or more and member comments | , |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may he indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Wilnum
Laborer, Laborer—
Laborer, Farm laborer, Laborer worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a to report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart lauure,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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STATE OF MARYLAND

County Worce CERTIFICATE OF DEATH EXACTLY, Fy classified. Registration Dist. No. (If death occurred ln Ward) a hospital or institution, give its NAME is stead of street and number.) operly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. (WIDOWED. OR DIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw lor (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was es follows: 8 OCCUPATION (a) Trade, profession or particular kind of work O (b) General nature of industry d business, or establishment in (Durstion) which employed or (employer) Contributory BIRTHPLACE Secondary (State or country (Durstion) ID NAME OF 11 BIRTHPLACE OF FATHER FNH *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) TIO 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 1 ients or Recent Residents) 13 BIRTHPLACE DOCU In the At place OF MOTHER Where was disease contracted, shouid if not at place of dea.h? usual residence (Informant) Every It CIANS stateme PLACE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar

If more branks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

BINDI

ERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure, Haemorinage, "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "A trophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) for malignant neoplasms); ChronicExample: Measles (disease " "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| B | 1 | PHYSI. | |
|------------|-------------------|--------------------------------------|-------------------------------|
| | ORD | ACE should be stated EXACTLY, PHYSI. | ate. |
| | T | tated E) | certific |
| DING | MEN | uid 'be s | back of |
| OR BINDING | S A PERM ENT CORD | ACE sho | tions on back of certificate. |

| 1PLACE | OF | DEATH | | |
|------------|-----|--------|------------------|-----|
| County WOT | ces | ster | COEPORATE LIMITS | 0.6 |
| | | MILHIM | CORPORATE LIMIT | |

2FULL NAMEMarietta Eliza Clarke

Village or City Pocomoke City (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 350

| St.: | Ward) |
|------|-------|

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

| | PERSONAL AN | D STATISTI | CAL PARTICU | LARS | MEDICAL CERTIFICATE OF DEATH |
|------|--|--------------------|--|------------------|---|
| - | emale Whi | OR RACE | 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | Widow | October (Month) 8 (Day) 1930 (Year) |
| 6 1 | DATE OF BIRTH | ovember (Month) | 25 (Day) | , 1845 (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from October 4th 19230 to October 8th , 19230 that I last sew h er alive on October 8th, 19230 |
| 7 / | 84 | yrs. 10 r | nos. <u>13</u> ds. | I day hrs. | and that death occurred on the date stated above, at 2.45 Pm. The CAUSE OF DEATH * was as follows: |
| P | a) Trade, profession particular kind of wor b) General nature of usiness, or establishm | industry ent in | | | Myocarditis- chronic. (Diseveral yr. mos de |
| I — | which employed or (en BIRTHPLACE (State or country) | En L | vland | | Contributory Cardiac pyspnea Secondary (Duration) yts. mos 5 ds |
| | 10 NAME OF FATHER | Willi | am Coste | n | (Signed) M. D. 10/10 - 19230 (Address) Pocomoke City, Nd. |
| ENTS | OF FATHER (State or country) | Mary | land | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| AR | 12 MAIDEN NAME OF MOTHER | Mary I |)ickerson | | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans |

(Informant) W.H. Clarke (Address) Pocomoke City . Md

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

13 BIRTHPLACE

OF MOTHER

(State or Country)

P. Cemetary Pocomoke City, Md.

usual residence

Where was disease contracted,

if not at place of dea.h?

Oct. 10th, 19.30

In the

Porofficke City Maryland.

DATE OF BURIAL

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be "Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH County WITHIN COMPONATE LIMITS OF | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|---|---|
| 2FULL NAME Sarah Cleyah | St: Ward) (If death occurred in a hospital or Institution, give Its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Mear) |
| (Month) (Day) (Year) | that I last saw he lesive on Lawry 26, 1930 |
| 7 AGE [IfLESS than | and that death occurred on the nate stated above, a 5,3 00 m. |
| 7/ yrs. 3 mos. / 2: ds. or min.? | The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or Housework particular kind of work | |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Diebile Well |
| 10 NAME OF FATHER 11 BIRTHPLACE | (Signed) (Address) (Address) (Signed) (Address) (Address) |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) We ther Accidental, Suicidal or Homicidal. |
| a of MOTHER Mene Troughlon | 18 LENGTH OF RESIDENCE (For Hospitals, Institution, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Miss Magic Celuff | Former or usual residence. |
| (Address) ocomolor Certy Mil, | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 30 |
| Filed Jaw 28 19230 & Stong is Registrar | 20 UNDERTAKER DE LEVEL ADDRESS DE LETY |
| If more blanks are needed, addies State Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on yrs). For persons who have no occupation But in many

Streement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritondeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| 1PLACE OF DEATH | 14187 STATE OF MARYLAND |
|---|---|
| County Careller | CERTIFICATE OF DEATH |
| PO A THE TE OF THE CORPOR | Registration Dist. No. 356 |
| Village or City William (No. | St: Ward) (If death occurred in |
| 13 / 13, | tion, give its NAME in |
| 2FULL NAME (1020 Of | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED | 16 DATE OF DEATH 1850 27, 19980 |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Jeal 21, 1860 | 192 10 |
| (Month) (Day) (Year) | that I last saw halive on |
| 7 AGE | and that death occurred on the date stated above, at |
| day hrs. | The CAUSE OF DEATH * was as follows: |
| yrsds. ormin.? | |
| (a) Trade, profession or | I work of the |
| particular kind of work | |
| business, or establishment in | (Duration) yrs mos de. |
| which employed or (employer) | |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 1 10 NAME OF | (Durstion)drsds, |
| FATHER (97) | (Signed) M. D. |
| 11 BIRTHPLACE | 61/23 192 0 (Address) / Ornasticky |
| OF FATHER 1974 | *State the Disease Causing Death, or, in deaths from |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country) | At place In the of deathyrsmosds. Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| 1971 and | Former or |
| (Informant) | usual residence |
| (Address) Cromella Coly | 19 PRACE OF BURIAL OR FEMOVAL DATE OF BURIAL |
| (Address) | flow of Care Well for 19 () |
| 15 Filed 11/75 192 30 0 Doforpo | 20 UNDERTAKER ADDRESS |
| Registrar | Umbron Vordy Smother |
| If more banks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Exhaustion," "Heart f "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, intercurrent) affection need not be Chronic Example: Measles (disease " "Old Age, " "Shock," valvular heart disease; etc. The contributory

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| # | | PHYSI- |
|-----------------------------|---|---|
| MARGIN RESERVED FOR BINDING | TITH UNFADING INKTHIS IS A PERM NENT SECORD | a should be carefully supplied ACE should be stated EXACTLY, PHYSI-ISE OF DEATH in plain terms so that it may be properly classified. Exact Mile year important. See instructions on back of certificate. |

| PLACE OF DEATH | 03435 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| County Lovicister | Registration Dist. No. 352- |
| Village or City Ocean City (No. | St.: Ward) (If death occurred in a hospit I or institu- |
| 2FULL NAME John Coffin | tion, give its NAME is stend of street and sumber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male white (Write the word) | 16 DATE OF DEATH March 18, 1030 (incuth)— (Day) (Year) |
| 6 DATE OF BIRTH | 17 (I HER OF CERTIFY, Than I attended the deceased from |
| Sefet. 7 , 1850 | that I last saw h Morel 18. 1130. |
| 7 AGE [fLESS than | and that death occurred on the date stated above, at 10. T. m. |
| 79 yrs. 6 mos. 10 ds or min.? | He gause of DEATHY warms followers |
| B OCCUPATION (a) I rade, profession or particular kind of work | Lobar Jeneumonia. Ows B. |
| (h) General nature of industry business, or establishment in | Duration) ye. m # de. |
| Which employed (r (employer) | Contributory Monges arlecular |
| 9 BIRTHPLACE (State or country) Marysland | Secondary Office Duration of yes mos de |
| FATHER Clause Coffin | (Signed) M. D. (Address Comments of the Commen |
| OF FATHER (State or country) Maryland | * t.te tip listase Causing Peath, or, in deaths from Violent Causin, st.te (') Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| of MOTHER Drucila Burbage | 18 L.NGTH OF RUSIDENCE (For 1 ospitals, Institutions, Trans- ients or Recent Residents) |
| 13 CIRTHFLACE OF MO"HER (State or country) Maryland | At place of death yes mos. ds. State yes mos ds. |
| 14 THE ABOVE IS THUE TO THE BALL OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Octanta Quellen | usual residence |
| (Address) Ocean Eity md. | Berlin md. Evergreen mar 20. 30 |
| 15 Filed 3/20/30 190 95 95 Policy fred | In Pasha Watson Selbyville |
| 16 h only are maded addr us State Keyistra | r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples : c fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. giged in domestic service for wages, as Servant, Cook, (o) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'":Foreman," 'Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect. Locomotive engineer, whatever, write Nonc. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as (a) the kind of work and also (b) the (6) (irucory; Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Framples: Cerebrosphol fever (the only definite synonym is "Cyidemic cerebro" spinal maningitis"); Diphtheria, avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia": Lobar yneumonia. Bronchopneumonia ("Pneumonia":

telunus) may be stated under the head of "contributory "PUERPERAL septicocnia," "PUERPERAL peritonitis," "(Exhaustion," "Heart ranue," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthonia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomo, as fracture of skull, and consequences (e.g., solvis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poiso ad by taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, use of "Tumor" for malignant meoplasms); Measles; approved (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOWICH TALL State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Sorcoma,, etc., of

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V. S. No. 1

| COI | pperly cla |
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| RM ENT | ould be stamay be pro |
| S IS A PERM. | ed. ACE sh s so that it |
| VG INK-THI | ully supplied plain terms |
| NFADING | d be carefu DEATH in |
| WITH U | tion shoul |
| AINL | occupa |
| WRITE AINL WITH UNFADING INK-THIS IS A PERM. ENT | N. B.—Every item of information should be carefully supplied. ACE should be stated EXA CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate |
| U | ×. |

| PLACE OF DEATH | 14185 STATE OF MARYLAND |
|---|--|
| County Warrestee | CERTIFICATE OF DEATH |
| | Registration Dist. No. 25 |
| Village or City St Martin (No. | St.: Ward) a hospital or institu |
| 2 FULL NAME Mary J. O. | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jamale Ulfield (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH Let 24, 1852 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) 7 AGE Ilf LESS than | that I last saw h A alive on |
| 167 I dayhrs. | and that death occurred on the date stated above, at |
| yrsmos/ds. ormin.? | Cerebral Hemortoge |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) yrs. mos 5 ds |
| 9 BIRTHPLACE (State or country) Lelaware | Contributory Secondary (Durnion) yrs |
| 10 NAME OF Clicka le Bunting | (Signed) (Address) Pelbygyll |
| OF FATHER (State or country) | *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER amy Bunting | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Addije Le Murray. | Former or usual residence |
| (Address) hala de | Bishappull, md nov10, 13, |
| Filed 1923 Registrar | 20 UNDERTAKER ADDRESS |
| If more hanks are headed, addre & Atate Registrar | . 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Physician, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation 6) If the occupation has been changed Automobile factory. The material single word or term on not gainfully em-The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> 10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," "Heart lanure, resulting, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, (secondary American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic and consequences (e. g., sepsis, valvular heart affection etc. The contributory need not disease;

If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, RMGC MARRIED, WIDOWED, OR DIVORCED 4 COLOR OR RACE (Write the word) 6 DATE OF BIRTH uo instructions (Month) (Day) (Year) If LESS the 7 AGE I day hr 8 OCCUPATION See (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or Country) MY KNOWLEDGE (Informant

| CTAT | F 0F W | A DIVI. A | NID | |
|------|---------------|-----------|----------|------|
| SIAI | E OF M | ARYLA | ND | |
| | FICATE | | | |
| Reg | gistration Di | st. No. | りス | •••• |
| C4. | 137 15 | (If death | occurred | in |

a hospital or institu-

St: Ward)

(11-0)

If more blanks are needed, addre State Registrat /16 W. Saratoga St., Batto., Requesting V. S. No. 1.

| | tion, give its NAME in- stead of street and number.) | | | | |
|-----|---|--|--|--|--|
| | MEDICAL CERTIFICATE OF DEATH | | | | |
| | 16 DATE OF DEATH | | | | |
| | | | | | |
| = | (Month) (Day) (Year) | | | | |
| | I HEREBY CERTIFY, That I attended the deceased from | | | | |
| - | Jan 3 1924. to HA 7 , 1929, | | | | |
| | that I last saw h Al alive on | | | | |
| n | and that death occurred on the date stated above, at | | | | |
| s. | The CAUSE OF DEATH * was as follows: | | | | |
| .> | Influentia Complecation | | | | |
| _ | with Kongestin of the | | | | |
| | | | | | |
| . | Jung o syphona fert | | | | |
| | Doctor Collins all Buration rise girl 8 do. | | | | |
| - 0 | Contributory had typhoid Lever He will certify | | | | |
| | Secondary | | | | |
| _ | the death as due to (Durston) of yro mos. do. | | | | |
| | (Signed) Of P College M. D. | | | | |
| - | Hut 7 1929 (Address) Bish Price me | | | | |
| _ | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | | | |
| | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) | | | | |
| | At place In the of deathyrsmosds. Stateyrsmosds. | | | | |
| - | Where was disease contracted, if not at place of death? | | | | |
| | Former or usual residence | | | | |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | | | |
| | Evergreen Cemetery Het. 8, , 1929 | | | | |
| | 20 UNDERTAKER ADDRESS | | | | |
| | 1 1- 1- 1 | | | | |
| • | Will Bushage Wirling (md | | | | |

vů.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Cure should be taken (a) Foremon, (b) Automobile foctory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Luborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-" etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic affection need not be etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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| PLACE C | F DEATH | | | 000 | | ATE OF | MARYLA | AND |
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| PERSONA | L AND STATIST | CAL PARTICULAR | RS | MEI | DICAL CF | RTIFICATE | OF DEATH | |
| 3 SEX A | color or race | 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | awed | 16 DATE OF DEA | | July | 3.0 (Day) | , 193 |
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| 13 BIRTHPLA OF MOTHE (State of Co | puntry) hear = | | 4 | At place of death yrs | mos | In th | e atcyrs | mosds |
| (Informant) | THUE TO THE BEST | | 7 | Former or usual residence | QC6-11f | | | |
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| | If more blanks are | needed, address State | Kegistrar, | , 16 W. Saratoga S | St., Balto., | Requesting V. | S. No. I. | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation business or industry, and therefore an (b) Automobile foctory. The material Solesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of secondary "Atrophy," "Collapse," "Coma," peritonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease valvular heart diseose; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City Ward) certificate. roper PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED back OR DIVORCED may (Write the word) (Month) (Year) HEREBY CERTIFY That I attended the deceased 6 DATE OF BIRTH structions that (Month) (Dav) that I last saw halive on 7 AGE IIf LESS than and that death occurred on the date stated above, l day hrs. The CAUSE OF DEATH * was as follows: or min.? BOCCUPATION te (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in (Durstion) ... 2 which employed or (employer) I Contributory Secondary (State or country) Od DO 10 NAME OF (Signed FATHER sho E CI (Address) IL BIRTHPLACE S ENT OF FATHER CAUS Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER (State or Country) 00 Where was disease contracted, item of if not at place of death?.. 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE Every item CIANS sho statement Former or usual residence (Informant) (Address

If more blanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-

tion, give Its NAME II stead of street and

DATE OF BURIAL

DDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more processing etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles ;

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FOR

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Whatever, write None. business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

head of "eontributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-homicide; Poisoned by earbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or State cause for which surgical operation was under diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inunition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal "Puerperal septicaemic." "Puerperal peritonitis," "Uraemia," "Weaknes;" etc., when a definite disease "Dropsy," "Exhaustlen," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunuor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease

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(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthg ged in domestic service for wages, as Servoni, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationory firemon, etc. But in many Puysician, Compositor, Architect, tle airst line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the 10 For many occupations a Farm loborer, At Home, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material and children, not gainfully em-Loborer-Coal mine, etc. Wom-Salesmon, (b) single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, corbolic ocid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sorcoma, diseases Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Americau Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as cough; Chronic etc. The contributory volvular heort disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

V. S. No. 1

| | BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | |
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| | tate | rope | statement of OCCUPATION is very important. See instructions on back of certificate. |
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| PLACE OF DEATH County_Worcester | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|--|---|
| Village or City Near Steckton (No | St.: Ward) (If death occurred in a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) | November 3rd., 1930 November (Month) 3rd (Day) 1930(Year) |
| June 4th., 1847 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from May 1930. to May 7, 1930, that I last saw harmalive on May 7, 1930, |
| AGE If LESS than day hrs. day hrs. day hrs. or min. | and that death occurred on the date stated above, at 3.s.00 A.m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or Farmer particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer) | Coursion) yrs 6 mos. de. |
| BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion)ds. |
| 10 NAME OF FATHER Eli Collins | (Signed) John D. Dickerson, M. D. |
| OF FATHER (State or country) Maryland 12 Maiden Name | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Wary Murray 13 BIRTHPLACE OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place In the |
| (State or Country) Maryland | of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| (Informant) Allison P. Rayne | if not at place of dea.h? |
| (AddressR.F.D. Pocomoke City, Md. | M.P. Cemetary Greenbackville, Va. Nov. 5th., 19.30 |
| Filed May 192 Harry Toollang Registrar | Pocomoke City |

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. .," etc., Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the big-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiqual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway tyainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIPAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of
> (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, cough; Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles; of the death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. 'All the data is essential and must be obtained hefore the certificate is permanently filed.

| PLACE OF DEATH | 1101111 | STAIL OF I | OF DEATH |
|--|--|---|--|
| County In arter | (90) | CERTIFICATE | OF DEATH |
| 2 1 | | Registration D | ist. No. 550 |
| Village or City Showellow. Md | | St.:Ward) | (If death occurred in a hospit! or Institu- tion, give its NAME in- stend of street and |
| 2FULL NAME Colinga W. Coalli | us | | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MIDIC | AL CERTIFICATE O | F DEATH |
| Jenale white Strate (Write the word) | 16 DATE OF DEATH | June (Month) | (Hay) (Yes) ndcd the deceased from |
| 6 DATE OF BIRTH | | | 100 |
| aug S 1872 | that I last saw h | | , 192 |
| 7 AGE [IFLESS than | and that death occur | ed on the date stated a | above, atm. |
| 55 yrs. / 6 ds or min.? | I san Mr | | alling decere |
| (a) Trade, profession or particular kind of work | dord 6 AY | R to from | x for deed |
| (b) General nature of industry | o confession | | he had weak spells, |
| business, or establishment in which employed cr (employer) | heart Jail | due to her her | 7 |
| 9 BIRTHPLACE (State or country) | Contributory Secondary | (Duration) | |
| 10 NAME OF FATHER OF A SAME | (Signed) R | P Galli | yrs |
| IN II BIRTHPLACE | gra 14 193. | | The ma |
| OF FATHER (State or country) Maryland | *State the D Violent Caus s, st Accidental, Suicidal | iscase Causing Death, tate (1) Means of In- or Homicidal. | or, in deaths from jury and (2) whether |
| of MOTHER Mary & Williams | 18 LENGTH OF RE | | als, Institutions, Trans- |
| 13 DIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yis | rected, | yrsmosds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or | | |
| (Informant) William E. Collins | usual residence | L OR REMOVAL | DATE OF BUR/AL |
| (Address) Showello Md | Odd fellows | Cem Bishopull | June 1/4.30 |
| 15 Filed 914 1930 Multers | 25 UNDERTAKER | water | Selbwill |
| If more b.anks are needed, addross State Registrar | 16 W. Saratora St. | Balton Requesting V. S | . No. 1. A. |
| If more banks are needed, addruss State Registrat | 1 TO ALL DEFENDED MAIL | | Nec. |

07115

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from should be used only when needed. As examples: o additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, cupation is very innortant, so that the relative health Statement of Occupation Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et. But in many tion applies to each and every person, irrespective or report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, yrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) If the occupation has been changed Laborer-Coul mine, etc. Wom-Locomolive engineer, (6) Grocery; of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E amples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar vneumonia, Bronchopnenmania ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., seq.wis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, "Inanition," "Heart failure," "Heart failure," "Ilaen "Old Age," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved (Recommendations on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICITA., taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), , î.q cough; "" "Weakness," etc., when a definite disease Committee on Nomenclature Chronic statement of cause of Example: Measles (disease etc. The contributory valvular heart discuse; "Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the duta is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

| PLACE OF DEATH County Noveestr | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 354 |
|---|---|
| Village or City Was Hettle Jan | St.: Ward) Column (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Revole Color or RACE SINGLE, MARRIED WIDOWED. OR DIVORGED (Write the word) | 16 DATE OF DEATH May 8, 1980 (Youth) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at 100 pm. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Cecif Indigestión (Duration) yra. 3 rd Mar |
| 9 BIRTHPLACE (State or country) Maylard 10 NAME OF Roll ally | Contributory Secondary Duration Signed Hary TR Tourish Book (Signed Hary TR Tourish Book (Address) Street Md |
| IN BIRTHPLACE OF FATHER (State or country) MANUAL IZ MAIDEN NAME OF FATHER (State or country) | *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER COLON (M S) 13 BIRTHPLACE OF MOTHER (State or Country) Maylard | to LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds, Where was disease contracted, |
| (Informant) The BEST OF MY KNOWLEDGE | if not at place of doa.h? Former or usual residence |
| (Address) Start Taylor 192 Harry Taylor Kegistrar | 20 TH DEWALL Strokely |
| If more banks are needed, addre s tate Kegistrar | , 16 W. Saratoga St., Bulto., Requesting V. S. i.o. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laboreradditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle iirst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesg ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a especially in industrial employments, it is neceshome, who are engaged in the duties of the (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material (not paid Housekeepers who receive a single word or term on -Coal mine, etc. Wom-(b) Grocery; engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dipullieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping eough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronie interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronie Example: Measles (disease affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

V. S. No. 1

| Village or City Covered (No. Cy | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred im a hospital or institution, give its NAME instead of street and |
|--|--|
| 2FULL NAME Johny Calle | number.) |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Z. (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw handlive on 200 200 200 200 200 200 200 200 200 20 |
| 7 AGE If LESS than I day O hrs. or min.) | and that death occurred on the date stated above, at \$ 36 pm. The CAUSE OF DEATH was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary Duration Table 1. Table 2. Table 3. Table |
| 10 NAME OF FATHER Colley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OTH | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not st place of death? Former or usual residence |
| (Address) Poss of teels (Address) Poss of teels Filed // 28 192" Ju Es Sit or file Registras | 20 UNDERTAKER SOLUTION ADDRESS TO W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Sevent, Cook household only (not paid Housekeepers who receive a Puysician, Compositor, Architect, Housemaid, etc. If the occupation has been changed r," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on 3978). (b) Collon mill; (a) Salcsman. without more precise specification as For persons who have no occupation (3) Stationary fireman, etc. But in many Automobile factory. The material Locomolive engineer, (6) Grocery; Day

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic etc. The contributory affection necd valvular heart disease; Nomenclature of the Mcasles; not be

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

| PLACE OF DEATH County Forcester Village or Will (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 St.: Ward) St.: Ward) Collins (If death occurred In a hospital or institution, give its NAME instead of atreet and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| JEMAG COLOR OF RACE 5 SHNOLE, MARRIED, WILDOWSO, OR DIVORCED (Write the world) | 16 DATE OF DEATH (Month) 12 (Day) 6 (Year) 30 |
| 6 DATE OF BIRTH 12. 6 , 1930 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1980. to 1, 1980. to 1, 1980. that I last saw hereafter on 12.6, 1980. |
| (Month) (Day) (Year) 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: Durston Dur |
| (Informant) Lanny Madison (Mother (Address) Shapen Hill pla, | Folmer or upial regidence 19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL STRIP WILL 20 UNDERTAKER ADDRESS |
| Filed 12/8 1930 ZELoc Secult. Registrar If more banks are needed, address State Registrar | Clus a Purnell service had not the property of the control of the |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; eman, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation Stotionary fireman, etc. But in many Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

approved by Committee on tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL positionitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustlon," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic etc. affection need volvular heart Nomenclature The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

(129)

Registration Dist. No. 351

| Village or Car Www/ Fullyo. | St.: Ward) (If death occurred in |
|--|---|
| 2FULL NAME TOUS Sue M. | Collins, stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White SHORES, WILLOW OR BIVORED (Write the word) | 16 DATE OF DEATH Mornbell 14, 1930 (Month) (Day) (Year) |
| (Month) (Day) (Year) | that I last saw here alive on 1930 |
| 7 AGE 1 day hrs. or min.? | and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | (Durstion) Q ore mos 8 de |
| which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory Chunic In Clistical Myship Pulminary Elfina 100. 2 ds. |
| TATHER MANSHALL W. W 11 BIRTHPLACE OF FATHER (State or country) Many Cand | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Support Sovina 13 BIRTHPLACE OF MOTHER (State or Country) May Pand, | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| (Informant) Cliver D. Collins & In | Where was disease contracted, if not at place of death? Former or usual residence |
| (Address (15 Dr.), An. Wilmin pton, J. Filed /// 19230 LE Cay Swith Registrar | 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS |

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No.

WRITE

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more, Laborer—Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia -Precise statement of oc-Locomotive engineer, (b) Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic Example: Measles (disease etc. valvular heart disease; affection need The contributory not be etc., of

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

V. S. No. 1

| | | | | | 129 | | n' Dist. No. |
|---|--|-------------------|-----------|----------------------------------|--|---|---|
| Vil | lage or CityGirdlet 2FULL NAME | | | | | St.: War | d) (If death occurred in a hospital or institution, give its NAME in atead of street are number.) |
| | PERSONAL AND S | TATISTICA | L PARTICU | LARS | MEDI | CAL CERTIFICATE | OF DEATH |
| Female White Single, MARRIED, WIDOWED. Married (Write the word) | | | | February | 6th., 19 3 0. 6 (Day) 193 (Year). | | |
| 6 C | Janu | | 7th. | | Jan. 20 | Y CERTIFY, That La | ttended the deceased fro |
| 7 A | | (Month) | (Day) | (Year) [If LESS than I day hrs. | and that death occu | arred on the date stat ATH * was as follows: | ed above, nt 7.830P.n |
| b | a) Trade, profession or articular kind of work to be General nature of industries, or establishment which employed or (employed (State or country) | stry in | | | Thea Contributory Secondary | Calvala T. (Duration) | La La Mos |
| ITS | 10 NAME OF FATHER Uriah 11 BIRTHPLACE OF FATHER (State or country) | Butler aryland | | | / | A Cadress Disease Causing Deatestate (1) Means of | M. M |
| 61 | | sther Ev | vell | | 18 LENGTH OF R | ESIDENCE (For Hos Residents) | pitals, Institutions, Tran |
| PAREN | 13 BIRTHPLACE | | | | At place of deathyrs | | he tateyrsmosd |
| PAR | OF MOTHER (State or Country) Ma | The second second | | | Where was disease col | ntracted, | |
| PAR | OF MOTHER | est Byro | 1 | | Where was disease con if not at place of de | AL OR REMOVAL | DATE OF BURIAL Feb. 9th., 193 |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specimena. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation single word or term on

Strtement of Cause of Death—Name, first, the DIS.

EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

C(Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11 Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING IS A PERMA FOR WITH UNFADING INK--THIS MARGIN RESERVED INL WRITE P ż

V. S. No. 1

| PLACE OF DEATH | 08444 STATE OF MARYLAND |
|--|--|
| County Workester | CERTIFICATE OF DEATH |
| County | |
| WITH TO THE TANK THE STATE OF T | Registration Dist. No. 34/ |
| Village or City Sow Stell (No. | St.: Ward) (If death occurred in |
| 2FULL NAMED Jary alice & | often has a stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| frmale Color OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH LLL 2.2 , 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That hattended the deceased from |
| lug 26 1866 | June 2 / 19230 to July 8 , 1920 |
| (Month) (Day) (Year) | that I (ast saw he alive on Audy 18, 1924), |
| 7 AGE | and that death occurred on the date stated above, atm, |
|) 2 10 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| 3 yrs. 10 mos. 2 ds. or min.? | Dem Jehrley, Typiferleusion |
| 8 OCCUPATION (a) Trade, profession or | tirth Cartal Exchal |
| particular kind of work | Thrombosis |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration)yrs,ds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF | (Duration) yrs. mos. ds. |
| FATHER Twin + tone | (Signed) M. D. |
| M 11 BIRTHPLACE | All 10 192 (Address) All tum Mu |
| OF FATHER (State or country) Manyland | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER | BLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 0 2 77 722000 | ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the of death yrs mos. ds. State yrs mass ds, |
| (State or Country) | of death yrs descent d |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Nather les alers | Former or usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Snow I fill | Snow Itill July 24 . 1,30 |
| 15 Filed 7/23 19230 Rekoy Swith | 20 UNDERTAKER ADDRESS |
| Registrar | My Mano xnow 14th |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Foreman, (b) or At Home, and children, For many occupations a single word or term on For persons who have no occupation Locomotive engineer, not gainfully em-(6) material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is.less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcester | CERTIFICATE OF DEATH |
| Near | Registration Dist. No. 35/ |
| Village or City Snow Itel (No. | St.: Ward) (If death occurred in |
| | A hospital or institution, give Its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Sept 14, 19230 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Sept 14, 1930 (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 5 A m. |
| I dayhrs. | The CAUSE OF DEATH * was as follows: |
| O yrs. O mos. O ds. or min.? | ~ · · · · · · · · · · · · · · · · · · · |
| a) Trade, profession or | 10 Noclos en an- |
| particular kind of work | Toudayas. |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Dardion) Los mos ds. |
| 9 BIRTHPLACE | Contributory |
| (State or country) | Secondary |
| I 10 NAME OF | (Durstion) yis man de. |
| FATHER DOING COMMAND | (Signed) TEA OLY D. |
| U 11 BIRTHPLACE | 9/4 1923 (Address) Successible (|
| (State or country) accomos Uq. | *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 2 12 MAIDEN NAME OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER | At place of deathyrsds. In the Stateyrsds, |
| (State or Country) Uccomac. Va. | Where was disease contracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) M. Queen Henry | usual residence |
| (miormant) VVC | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Snow Hell, Ma | 68. Keylos taren 9/14, 1980 |
| 15 Filed 9/14 19230 LERoy Swith | 20 UNDERTAKER ADDRESS |
| Registrar | Wavid Conquest Scrow Hell |
| If more blanks are needed, address tate Registrar | , 16 W. Saratoga St., Balto. Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, cupation is very important, so that the relative healthtired 6 yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serbant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death approved telanus) may be stated under the head of "contributory." American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH | 19443 STATE OF MARYLAND |
|---|---|
| County Morcerler | CERTIFICATE OF DEATH |
| u ma ma. | Registration Dist. No. 347 |
| Village or City Non Gran Hill . (No. | St.: Ward) (if death occurred in a hospital or institu- |
| 2FULL NAME Garace Co | fling (Copeland 2) tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Make Calored Single, Single MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 9 20 1830 | , 192, 192, |
| (Month) (Day) (Year) | that i last saw halive on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| 0 yrs. 10 mos. 10 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | at time of death seed |
| (a) Trade, profession or particular kind of work | seeddeales Doctor who Free |
| (b) General nature of industry business, or establishment in | iously prescribed bais |
| which employed or (employer) | Contributory Had J. B. It was |
| (State or country) nevy Snaw Hill md. | very blee (Buration) |
| 10 NAME OF Thomas Callina | (Signed) LE Roy Swith L. Rg.M. D. |
| OF FATHER | 1/30 1923 PAddress) Sure Will Ma |
| (State or country) Vergenia. 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Elmira Cintersus | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER , near Pacamake, | At place of death yrs mos. ds. State yrs ds. |
| (State or Country) Way land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| 70 | Former or usual residence |
| (Informant) ham of Coffing | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Snaw Hell M. R.T.D. | telly cheese com pet 31, ,, 30 |
| Filed 7/30 19230 LERoy Secret | Ches a Turnel & new Hill |
| If more bianks are needed, address State Registral | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocer," etc., without more present abover, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on who are engaged in the duties of the (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the sale accepted term for the same disease. Examples: Correspinal fever (the only definite synonym is "Epide to cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis", Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> "Exhaustion," "Heart failure, Haemorrage, "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping (name origin; "Cancer" is loss definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; by Committee on Nomenclature of the or intercurrent) affection need not use important. Example: Measles (disease Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

tructions

| BINDING PERMANT ICORD Ehould be stated EXACTLY, PHYSI- t it may be proporly classified. Exact s on back of certificate. |
|--|
| BINDING PERMANT I |
| |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH WITEIN CONTORATE LIMIT Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME is of street and stead number.) PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED (Write the word) (Month) ..(Day)..... I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) that I last saw h . . . 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country 10 NAME OF (Signed) (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State of country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place State.....yrs....mos..... (State or Country Where was disease contracted, if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-Locomotive engineer, As examples: (a) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Always qualify all ," "Convulsions, Measles disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. approved tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be Example: Measles (disease "Senile," etc.), "Dropsy, Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| PLACE OF DEATH County//lastes | 08445 | STATE OF MARYLAND CERTIFICATE OF DEATH | |
|---|--|---|--|
| | Registration Dist. No. 332 | | Dist. No. 352 |
| Village or City Bulen (No. | ************************************** | St.: Ward) | (If death occurred in a hospital or institu- |
| 2 FULL NAME Margaret 4 Con | anaugh | | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE O | F DEATH |
| S SEX 4 COLOR OR RACE 5 SINGLE, fluctainer MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | July (Month) | 15, 1957 -(Day) (Year) |
| Sept 9 1903 (Month) (Day) (Year) | . ,, | 1920 to Je | ly 13 1923 |
| 7 AGE If LESS than day hrs day hrs day hrs day hrs day hrs day hrs day hrs hrs | The CAUSE OF DEA | red on the date lated a | above, at 1130 m. |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Contributory | December (Duration) | , & Gengy |
| (State or country) d | Secondary (Signed) (Signed) (N192) | (Duration) A Hoclan O (Address) | M. D |
| OF FATHER (State of county) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER | 18 LENGTH OF RE | ESIDENCE (For Hospit | or, in deaths from ury and (2) whether |
| 13 BIRTHPLACE OF MOTHER (State on county) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yis | nos ds. In the State tracted, | yrs ds |
| (Information Delia to Hassell (Address) Derlin and | Former or usual residence | OR REMOVAL | DATE OF BURIAL |
| Filed July 17 130 IV. When for of Laptry registral | To wolffare to | wart & | alealing 49 |
| If more blanks are needed, address State Registra | 16 W. Saratoga St., | Balto., Requesting V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Parmer or Planter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the er," etc., work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH tired 6 yrs). whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm luborar, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobike For persons who have no oecupation fuctory. The material (4) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptded term for the same disease. Examples: (*erchrospinal* ed term (the only definite synonym is "Epidemic cerebrofever (the only definite synonym is "Epidemic eerebros; inal meningitis"); Diphtheria (avoid use of "("roup"); Sylphoid fever (never report "Typhoid Pneumonia"); Lobar pressonomia, Bronchopneumonia ("Pneumonia,").

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite : avoid use of "Tunnor" unqualified, stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; causing death), 29 ds.; Bronchopneumonia (seeondary) "(Txhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthonia," "Anaemia" (merely symptom-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably smede. The nature of the injury, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death approved by American Medical Association.) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as is indefinite); Tuberculosis of lungs, menfor malignant neoplasure); Measles; Committee on Nomenclature Chronic ndrular heart disease; etc. The contributory " "Convulsions, not be

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more previous fall mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, especially in industrial employments, it is neces-For many occupations a yrs). man, (b) Automobile factory. The material For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

All the

American Medical Association.) If this certificate is looked over thoroughly and all questions approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease; of the

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work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Liousemaid, etc. If the occupation has been changed laborer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coal mine, etc. Womms). For persons who have no occupation without more precise specification as single word or term on 6 Grocery; Day

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucumonia, Bronchopucumonia ("Pneumonia,")

"·" Uraemia, can be ascertained as the cause. Always qualify all stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telinus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY ".PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train-State cause Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease for which surgical operation was under-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "IIaemorrhage, Chronic etc. The contributory affection need valvular heart discase; Nomenclature of the not be

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| Vil | lage or City Newark (No. | |
|-----------|---|-------------------------|
| | 2FULL NAME Barbara Ellen Ci | |
| | PERSONAL AND STATISTICAL PARTICULA | RS |
| | emale White 5 SINGLE. MARRIED. Widowed. OR DIVORCED (Write the word) | |
| | OATE OF BIRTH | |
| | Feb. 3, (Month) (Day) | 1.9 29 (Year) |
| 7 A | ige IfL | ESS than |
| | 1 yrs. 2 mos. 14 ds. or | min. |
| p | a) Trade, profession or articular kind of work. | • |
| p (b | erticular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) | |
| p (b | articular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) Maryland | |
| p (b | erticular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) | |
| 9 E | articular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland 10 NAME OF | |
| p (b | articular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER GEORGE S. Cropper 11 BIRTHPLACE OF FATHER | |
| 9 E | articular kind of work b) General nature of induatry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER George S. Cropper 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME | |
| PARENTS 6 | articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER GEORGE S. Cropper 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER | E |
| PARENTS 6 | articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER GEORGE S. Cropper 11 BIRTHPLACE OF FATHER (State or country) 12 MalDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 MalDEN NAME OF MOTHER (State or Country) Maryland Maryland | |

04754 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| Newark NAME Barb | | Croppe | <u>r</u> | St.: Ward | tion, give | occurred in l or institu- its NAME in- street and |
|------------------------|--|---------------|---|---|--|--|
| L AND STATIST | ICAL PARTICU | ILARS | MEDIC | AL CERTIFICATE | OF DEATH | |
| COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED | | 16 DATE OF DEATH | 4- | 16 | , 1930 |
| White | (Write the word) | | *************************************** | (Month) | (Day) | (Year) |
| Feb. | 3, | 1900 | 4 // | CERTIFY, That I at | 4/ | 16 , 1920 |
| (Month) |) (Day) | (Year) | that I last saw h. | alive on | Υ, | N. 19280, |
| | | If LESS than | and that death occur | red on the date state | d above, at | Jam. |
| | | l day hrs. | The CAUSE OF DEAT | | | |
| 1 yrs. 2 | mos. 14 de. | ormin.? | *************************************** | | | |
| ssion or of work | | | - Grat | 1 Entuctes | , = 0 g 8 lg = = 2000 ha 000 dag, a ogo de | |
| re of industry | ms no no no no he ms ms | - | 07000000000000000000000000000000000000 | (Duration) | | (2 d |
| or (employer) | , | | | Bruk. Pu | | |
| ry) | | | Secondary | | | |
| Mar | yland | | | (Dyfraylon) | утв | mos. ds. |
| George S. | Cranner | | (Signed) Man | els, freyo | | M. D. |
| E COLEC D. | or opper | | 4/17 193 | (Address) New | ~ (, /l | 10' |
| ountry) Maryl | and | | *State the D Violent Causes, st | visease Causing Death tate (1) Means of I or Homicidal. | or, In denjury and (| eaths from 2) Whether |
| AME Talab | Dw ! . ! . | | | SIDENCE (For Hosp | | |
| Edith | Prullet | | ients or Recent Re | | | |
| untry Mary | land | | At place of deathyrsn | In the Str. | | mosds, |
| TRUE TO THE BEST | | EDGE | Where was disease cont if not at place of dead | racted, th? | | |
| | | | Former or | | | |
| Mrs.George Cropper | | | usual residence | | DATE O | F BURIAL |
|) News | rk Md | •••••••• | | n Cemetery | | |
| 118 1980 l.V. Mounterd | | | 20 UNDERTAKER | n oemerer. | ADDRESS | 1 |
| | Welst | Registrar | 1. W. 13 | urbuge | Berli | and |
| If more branks are | needed, address | tate Registra | r, 16 W. Saratoga St., | Balto., Requesting V. | S. No. 1. | |

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Plonter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. tircd 6 yrs). gaged in domestic service for wages, as Servonl, Cook, Housenuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy Civil engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term or especially in industrial employments, it is neces-Form loborer, Loborer-Coul mine, etc. Wom-(b) Cotton mill; (o) Solesman. (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumomia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease for malignant neoplasms); Measles; Chronic valvular heart disease, etc. The Nomenclature contributory

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V. S. No. 1

| Village or City Provided No. 2FULL NAME William 7. 10 | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE | 17 I HEREBY CERTIFY, That I awonded the deceased from 192 to 192, that I last saw has alive on 192, |
| occupation (a) Trade, profession or particular kind of work | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory & Old Dulie Secondary |
| FATHER TOWNS WALL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) M. D. *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| (Informant) somie . E. Dale (Address) Somotkill R2 | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Taylor 2 The Complete Lot 14, 19 34 |
| Filed 6/12 19230 LE Con Swith Registrar If more blanks are needed, address State Registrar, | 20 UN BERTAKER ADDRESS ADDRE |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on be used only when needed. As examples: (a) who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcester | CERTIFICATE OF DEATH |
| WITHIN CHEFORATE LIMIT | Registration Dist. No. 3 |
| Village or City S new Helf (Nb. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| 2 FULL NAME many Jenestta | Sauliella street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| 4 27 927 | Jan 10 190 . to 10 20 , 1920. |
| (Month) (Day) (Year) | that I last saw h M alive on Am 21, 1980, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 10.00m. |
| 2 yrs. 8 mos. 23 ds. or min.? | Congester of Param following |
| B OCCUPATION (a) Trade, profession or | gastortes from orusating |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration)yrsmos\deltads. |
| 9 BIRTHPLACE (State or country) Snaw Will, M. | Contributory Secondary (Duration) (Duration) (Duration) (Duration) |
| 10 NAME OF | 0 1 18 1/ 1 |
| FATHER Daniel of Darlieds | (Signed) M. D. M. |
| OF FATHER (State or country) S run fill ma | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Maggie Palins | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs mos ds. State yrs mos ds. |
| (State or Country) Bealin MAN | Where was disease contracted, if not at place of dea.h? |
| A THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE | Former or usual residence Usual Papelleure |
| (Informant) NAN, Nacquell (Jacob) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Towkill | (il mh Fire Cevely Jan 3 198 0 |
| Filed 1/2/ 19230 LE Roy Sweets | Chat & Purnell Browsell Mil |
| If more banks are needed, addresa State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as stated unless important. approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Uraemia, " "Weakness," etc., when a definite disease (secondary or intercurrent) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart ," "Convulsions, Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH

| County Worcesles | 15438 CERTIFICATE OF DEATH |
|---|--|
| 0 | (29) Registration Dist. No. 31 |
| Village or City Huark, (No | St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male W. Single, Married, Wildowed Or DIVORCED (Write the word) | 16 DATE OF DEATH SEC 26, 1930 (Month) (Day) (Year). |
| 6 DATE OF BIRTH June 5, 185'9 | 11/5/ |
| 7 AGE (Month) (Day) (Year) 7 AGE | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Certain delanis + Replant |
| 10 NAME OF FATHER Joseph Davis 11 BIRTHPLACE OF FATHER OF FATHER (State or country) Many land 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER | (Signed) (Signed) (State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | ients or Recent Residents) At place of deathyrsds. In the Stateyrsmosds. Where was disease contracted, it not at place of death? |
| (Informant) Dew ash, Ind' (Address) Win Smith | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEW Ark, Sad. Dec 28, 195 |
| 15 Filed 12/27 19230 LE Coy Suull | 20 UNDERTAKER ADDRESS |
| If more banks are needed, addre s Ltate Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Nervanty Coal ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr, etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a without more precise specification as Day (b) Automobile factory. The Salesman. single word or term on Locomotive engineer, 6 material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal fever (the only definite synonym is "Epidemic cereprospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Heart failure, Liaemournage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of idanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; "" "Weakness," etc., when a definite disease or intereurrent) affection need not be Chronic valvular heart disease; and eonsequences (e. g., sepsis, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | ACI | the | ction |
| | BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, F | CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. | etatement of OCCUPATION is very important. See instructions on back of certificate. |
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PLACE OF DEATH STATE OF MARYLAND County Worcester CORPORATE LIMITS OF CERTIFICATE OF DEATH Registration Dist. No. 350 (If death occurred in Village or CityPocomoke City (No. St.: Ward) a hospital or institution, give its NAME is stead of street and number.) 2FULL NAME Isaac James Davis PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. October 10th. 1920 Male WIDOWED White OR DIVORCED Married (Month) 10 (Dsv) 1930 (Year) October (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH October 1830. 11th (Day) (Year) (Month) and that death occurred on the date stated above, at D. OO 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: vrs. 11 mos. 29 ds. or min.? 8 OCCUPATION (a) Trade, profession or Farmer & OysterPlanter (b) General nature of industry business, or establishment in Retired 11 Years which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Maryland (Duration) 10 NAME OF FATHER Issac James Davis 10-11 1900 (Address) 100000 11 BIRTHPLACE *State the Disease Csusing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl. OF FATHER Maryland (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER Susan Webb ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER Maryland of death ... (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?.. Former or usual residence (Informant) Mrs. Myrtle Smith DATE OF BURIAL Spring Hill Cemetary (Address) Pocomoke City Md Oct. 12th. 1.30 Girdletree. 20 UNDERTAKER Pocomoke City Registrat arvland If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on (Recommendations on statement of c as fracture of skull, and consequence carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease "," "Coma," "Convulsions, etc. The contributory Nomence ntributory. ture of the

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| PLACE | OF DEATH | | | 08446 STA |
|---|--|---|----------------------------------|--|
| County | Worcester | *************** | 10! | CERTIFICATION OF THE CERTIFICA |
| Mus | _ | | | LU3 3 TO Registrati |
| Village or City | Pocomoke Ci | ty (No. R | .F.D | St.: War |
| 2FU | LL NAME Un-nam | ed Child | of Harı | rison Denston num street and |
| PERSON | NAL AND STATIST | ICAL PARTIC | ULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 sex Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEI (Write the word | Single | July (Month) 20 (Day) 1930 (Year) |
| 6 DATE OF BIR | тн | | | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | May | 23rd. | , 1 929 | Child was dead when I arrived. ,192 , |
| | (Month | (Day) | (Year) | that I last saw halive on, 192, |
| 7 AGE | | mos. 27 de | If LESS than I day hrs. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, pr particular kin | ofession or | 1e | ***************************** | Acute gastro-enteric indigestion. (Vomiting and frequent stools.) |
| business, or e | ature of industry stablishment in ed or (employer) | ♥ 0 \$ma\$0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ?~^?aaa aaaaa | (Duration)yrsmosOne.ds. |
| 9 BIRTHPLACE (State or cou | | Marylan | ıđ | Contributory Secondary One Your. (Durstion) |
| 10 NAME O | | | | (Signed) M. D. |
| 1) BIRTHPL | | n Denston | | July 21st 1920 (Address) Pocomoke City, Md. |
| ш - | r country) Maj | ryland | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Y OF MOTH | | nel Ward | | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPL OF MOTH | | Land | | At place of death yrsmos. da. In the State yrsmos. ds. |
| | IS TRUE TO THE BEST | | EDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) |) Harrison Do | angton | | Former or usual residence |
| | ress) Pocomo | | Nd. | Goodwill Cemetary Worcester Co. Nd. Date of Burial July 21st, 1930 |
| Filed | -21 19230/C | Ma | Pegistrar (| Monon Potrons Pocomoke City Maryland. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.; Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, e occupation at beginning of illness. If retired from Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on that fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6) Grocery;

rh (the primary affection with respect ion), using always the same acceptal disease. Examples: Cerebrospinal efinite synonym is "Epidemic cerebros"); Diphtheria (avoid use of "Croup"); (never report "Typhoid Pneumonia"); nia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease ;

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V. S. No. 1

203 ż

PHYSI-

| | PLACE OF DEATH | |
|-------------|--|------------------|
| | County Worcester | 140 |
| | | 100-0 |
| Vil | llage or City Berlin (No. 98 | ******** |
| | 2FULL NAME Florie Derrickson | ******** |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| | BEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED | 16 D |
| F | emale Colord (Write the word) | |
| 6 1 | DATE OF BIRTH | 17 |
| | Sept. 1, 1929 (Month) (Day) (Year) | that |
| 7 / | If LESS than l day hrs. 7 mos. 15 ds. or min. | and t |
| 3 (1 3 b | a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) | C |
| | (State or country) Maryland | |
| | 10 NAME OF FATHER William Massey | (Signe |
| ARENTS | OF FATHER (State or country) Md. | Vi |
| PARE | of Mother Edna Derrickson | 18 LE |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Md. | At pla of dea |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not |
| | (Informant) | Forma usual |
| | (Address)Berlin Md. | D |
| 15 | Filed Mar 18 1980 & V Mumford | 20 U |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 332

| St.: Ward | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
|--|---|
| MEDICAL CERTIFICATE | OF DEATH |
| 16 DATE OF DEATH MOV | 16,1030 |
| 17 I HEREBY CERTIFY, That I att | (Day) (Year) |
| 192 , to | , 192 |
| that I last saw halive on | , 192, |
| and that death occurred on the date stated | above, at 4 Pm. |
| The CAUSE OF DEATH * was as follows: | |
| Brouchs Ence | maria |
| notin allen | flance yrs. mos ds. |
| Contributory Secondary | A mos de. |
| (Signed) | fav. M.D. |
| *State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. | or, In deaths from jury and (2) Whether |
| 18 LENGTH OF RESIDENCE (For Hospit | tals, Institutions, Trans- |
| At place of death yrsmosds. In the | eyrsds, |
| Where was disease contracted, if not at place of death? | |
| Formar or usual residence | |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| Davis Cemetery | Mar. 18, 19030 |
| 20 UNDERTAKER | ADDRESS |
| 1 11 Burbage | Berlin Mid |



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Loborer-Coal minc, ctc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neceswithout more precise specification as For persons who have no occupation single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by inges, peritonacum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopucumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart ranney," "Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (Recommendations on statement of cause of earbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as Whooping American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the eause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitiol nephritis, cough; or intercurrent) affection need not be ess important. Example: Measles (disease Committee on Chronic valvular heart disease; etc. The Nomenclature Always qualify all eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No. 1

N. B .--

PHYSI-

| PLACE OF DEATH | | | 02076 | STATE OF N | MARYLAND | | |
|--|---|---|---|----------------------------------|--|--|---|
| County Worcester | | | | | | CERTIFICATE | OF DEATH |
| WITHIN CORPORATE LIMITS OF | | | 90 | Registration Dist. No. 13 50 | | | |
| Village or CityPocomoke City (No | | | | St:Ward) | (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.) | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | ILARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3 : | SEX | 4 COLOR OR RACE | | | 16 DATE OF DEATH | | FDEATH |
| | Male | Colored | MARRIED, WIDOWED, S- OR DIVORCED (Write the word) | ingle | Feb | | , 19 30. |
| 6 1 | DATE OF BI | RTH | | . 1 | 17 2 HEREB | | nded the deceased from |
| | | (Month) | (Day) | (Year) | that I last saw h | alive on | 7 - , 1930, |
| | | 40 Years | moads. | If LESS than I day hrs. or min.? | | rred on the date stated: TH * was as follows: | above, at 2 55 Pm, |
| | articular ki b) General i usineas, or | nrofession of Laco: nd of world Laco: nature of industry eatablishment in yed or (employer) | rer | | Anaia | (Duration) | y10. 6 mos ds. |
| 9 E | (State or co | | | | Contributory Secondary | (Duration) L | yrs |
| | 10 NAME | Isaac Do | ouglas | | (Signed) | mile | , M, D. |
| ENTS | | HER or country) Virgin | ia | | | (Address) viscase Causing Death, tate (1) Means of Inju or Homleidal. | or, In deaths from try and (2) Whether |
| PAR | OF MOT | | evans | | | SIDENCE (For Hospits | |
| | 13 BIRTHE OF MOT (State o | | nd | | At place of deathyrsx | nosds. In the | yrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | Where was disease conif not at place of dea Former or usual residence | 11 c | | | |
| (Informant) Emma Marshall (Address) Pocomoke City, Md | | | Hall's Hil Pocomoke C | 1 Cemetary | eb.9th., ,, 30 | | |
| 15 | Filed / | My 89230 7 | ESH | Registrar (| Demon X | () / | Pocomoke City aryland. |
| | | If more bianks are | needed, address & | tate Registrar | . 16 W. Saratoga St., | Balto., Requesting V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. .," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-6 Grocery;

Strtement of Cause of Death—Name, first, the DISEA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inamorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

| PLACE OF DEATH | 07118 | STATE |
|--|---------------------------|---|
| County Warnester | 90 | CERTIFIC |
| | | Registr |
| Village or City Bulin (No. | | St.: |
| 1 1 1 | | |
| 2FULL NAME Line d. 101 | rules | *************************************** |
| PERSONAL AND STATISTICAL PARTICULARS | MED | ICAL CERTIFIC |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. | 16 DATE OF DEAT | H (7 |
| Mule Zelite (Write the word) | | June |
| 6 DATE OF BIRTH | 17 I HERE | BY CERTIFY, Tha |
| 40. 13 186 | 6 | 192 to |
| (Month); (Day) (Year) | | alive on |
| 7 AGE | an and that death occ | urred on the date |
| 69 yrs. 6 hos. 24 de. or min | | ATH * was as folio |
| 8 OCCUPATION | - Contr | Bild. |
| (a) Trade, profession or particular kind of work | | ~ |
| (b) General nature of industry | Hea | TUT . |
| business, or establishment in Which employed or (employer) | | (Duration |
| 9 BIRTHPLACE (State or country) | Contributory Secondary | •••••••••••••••••••••••••••••••••••••• |
| (Ma | | (Duratio |
| 10 NAME OF FATHER | (Signed) | ras. / |
| 11 BIRTHPLACE June V. Werrulson | 6-7- 19 | 30(Address) |
| OF FATHER (State or country) 12 MAIDEN NAME 7 | *State the | Disease Causing state (1) Means |
| | | state (1) Means al or Homicidal. |
| of MOTHER about Noveman | 18 LENGTH OF I | |
| 13 BIRTHPLACE OF MOTHER | At place of death yrs | mos de |
| (State or Country) Mud. | - Where was disease co | ontracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of d | .eath? |
| (Informant) My Sevin V. Mirrules | usual residence | 0.00.0000000000000000000000000000000000 |
| (Address) Berlin Oud | 19 PLACE OF BUR | IAL OR REMOVAL |
| 15 /0/1/ 20 14/18/1 | 20 UNDERTAKER | , mus |
| Filed 9/1/1 1950 0/ 60 Value | 1 . 12 | 11.0 |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| rulso- St.: Ward | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
|---|---|
| MEDICAL CERTIFICATE | OF DEATH |
| 16 DATE OF DEATH Jewe | 6-, 1050 |
| | (Day) (Year) |
| 192to | , 192 |
| that I last saw halive on | , 192, |
| The CAUSE OF DEATH * was as follows: Acute Deleto Heart (Durstion) | yre. mos de. |
| Contributory | |
| (Signed). (Duration) (Signed). (Duration) *State the Disease Causing Death, Violent Causes, state (1) Means of In | or in deaths from |
| Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) | |

In the State.

DATE OF BURIAL

ADDRESS

If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. Housemuid, etc. If the occupation has been changed to report specifically the occupations of For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebro-

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PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. Village or City NOS (If death occurred In Ward) a hospital or institu-tion, give its NAME in-stead of street and 2FULL NAME number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER (Address) 11 BIRTHPLACE OF FATHER Causing Death or, RENT the Discase or, in Violent Causes, state (1) Means (State or country) and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) 13 BIRTHPLACE At place of death _____yrs._____ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of dea.h?. OF MY KNOWLEDGE Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. L.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or Farm laborer, At Home, and children, 6 n mill; (a) Salesman, (b) Grocery; Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease, etc. The contributory need not

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MARGIN RESERVED

| PLACE OF DEATH | STATE OF MARY |
|---|--|
| County Worelster. | CERTIFICATE OF |
| | 74-a Registration Dist. No |
| Village or City Berlin, (No. | St.: Ward) a hos |
| 2FULL NAME Margaret Die | Rerson tion, stead numb |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DE |
| 3 SEX 4 COLOR PROJACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED | 16 DATE OF DEATH Court |
| (Write the word) | (Month) (Day) |
| December 15, 1850 |) |
| (Month) (Day) (Year) 7 AGE (If I FSS tha | that I last saw han alive on |
| 80 yrsmos. 27 ds. ormin. | s. The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | Circlisal Weaver |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in | /5 |
| which employed or (employer) | Contributory (Duration) |
| 9 BIRTHPLACE (State or country) | Secondary |
| 10 NAME OF | (Simply (Simply) |
| FATHER WIRELES | 1-13- 198 Q(Address) Buli |
| OF FATHER (State or country) | *State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury an |
| of Mother Mahala Rila | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Inc. |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country). Marylend. | of death yrs mos. ds. State yrs Where was disease contracted, |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Mrs. Chas, Dairs | Former or usual residence |
| (Address) Berlin md | Davis Cemetery January |
| 15 Filed Jan 13 1980 D. V. memora | 20 UNDERTAKER APPR |
| Filed Can, 1930 J. U. Malmifold | J. W. Burbage B |
| | |

0872

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 52

| St.: | Ward) | (If death a hospital tion, give i | or inst |
|------|-------|---|---------|
| | | | |

d in titu-in-and number.)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| 16 DATE OF DEATH Con 19 1930 |
| (Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended the deceased from |
| |
| that I last saw ban alive on to 198d, |
| and that death occurred on the date stated above, at |
| The CAUSE OF DEATH * was as follows: |
| P. L. OU |
| Circlesol Newwarange |
| |
| (Duration)yrs,mosds, |
| Contributory Secondary |
| (Duration) ys) tnos de |
| (Signed) (Las 1. our M. D. |
| 1-13- 193 Q(Address) Birli mo |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| At place In the of death yrs. mos. ds. State yrs. mos. ds. |
| Where was disease contracted, if not at place of death? |
| Former or usual residence |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Davis Cemetery an 15, 1930 |
| 20 UNDERTAKER DOUBLESS HOPRESS |
| A |

YJTJAX3 6 6 8 9 ACE CHOILE information of build be care infly and in 8 -- E/ Ln [- 12]

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia -Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the pis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: A for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonihis," etc. stated unless important. Example: Measles (disease inges, peritonueum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on as fracture of skull, and consequences (e g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondar · Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) ngenital," "Senile," etc., "Dropsy, "Heart failure," "Haemorrhage, Chronic statement of cause of valvular heart affection need etc. The contributory Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed

Exact

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcesle | CERTIFICATE OF DEATH |
| MITHIS COSPORATS LIMITS OF | Registration Dist. No. 357 |
| Village or City NOW Stll (No. 25ULL NAME Harl 18 990 | St.: Ward) (If death occurred in e hospital or institu- tion, give its NAME II - steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marie d Male Wilowed Manie d OR DIVORCED (Write the word) | 16 DATE OF DEATH 10 2 1930 |
| 6 DATE OF BIRTH SON 18,56 | 17 I HEREBY CERTIFY, That I attended the decessed from |
| (Month) (Day) (Year) | and that death occurred on the date stated above, at |
| World) Byrs. 9 mos. 14 ds. or min.? | Mo Socior in attendance |
| (a) Trade, profession or particular kind of work | Probably Reart failure |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Ashered for Bee - |
| 9 BIRTHPLACE (State or country) Tirquia | Secondary Production Lyrs you do. |
| 10 NAME OF FATHER HALLE THE DEGGS | (Signed) LE Coy Seerel & Rog M. D. 7/22 1930 (Address) Succe Tiel ma |
| OF FATHER (State or country) | *State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Eller & Bearley 13 BIRTHPLACE | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) |
| OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? Former or usual residence |
| (Address) Snow Hill Mid | IS PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STORY / Fill, Light July 23, 1980 |
| 15 Filed 7/22 19230 LERoy Serith | 20 UNDERTAKER ADDRESS W. J. HEar wo Snow Hill |

If more bianks ere needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DC 2 2 14

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The materia. As examples: (a) (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-" Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. affection need not be valvular heart disease; Nomenclature The contributory

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furnicr (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material sary to know tion applies to each and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Salesman. duties of the (3) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perstonueum, etc., Carcinona, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile, American Medical Association.) as fracture of skull, and consequences 'e g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Exhaustion," "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial mephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be "Heart failure," Chronic valvular heart disease; Example: Mcasles (disease etc. The contributory Nomenclature of the "Haemorrhage," Always quilify all

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V. S. No. 1

N. B.-

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcester | U8448 CERTIFICATE OF DEATH |
| VIII II | (129) Registration Dist. No. 31-2 |
| Village or City near Whalefurther | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| 2 FULL NAME GEORGE J. Dona | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COUOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Modif) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HERPBY CERTIFY That I attended the deceased from |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 45m. |
| I day hrs. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION | al of the Harris |
| (a) Trade, profession or particular kind of work | Mr. Jan Jag Ruma |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrsmosds, |
| 9 BIRTHPLACE | Contributory |
| (State or country) | (Durstion) yrs de, |
| 10 NAME OF A FATHER A FATHER | (Signed) has I fam. M. D. |
| 11 BIRTHPLACE | 7-11-193/(Address) RAA |
| OF FATHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| (State or country) DIL | Accidental, Suicidal or Homicidal. |
| of MOTHER Survivan & Downway | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Del | of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Floriple Domanions. | Former or usual residence |
| (Address) Whalezville Man n72 | Bethel cen Suly 17, 1930 |
| 15 Filed July 17 1980 DV Munifer of Registrar | 20 UNDERTAKER P. W. Walson & Son Selbyrille Da |
| If more bianks are needed, addre. Ltate Registral | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womnot gainfully emduties of the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (secondary (Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Always qualify al Measles; not be of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wor cester Registration Dist. No. St.: Ward) (If death occurred in a hospit. I r institu-tion, give its NAMH is atend of street and stated EXAC property class of certificate. Lumber.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH MEDICAL 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED X be nay be CR DIVORCED (Write the word) That I attended the deceased uo 0) hat tions (Day) (Tear O and that death occured in the date stated above. LELESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 5 pli de. or min.? mos. 23 8 OCCUPATION 0 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration)yrs.... which employed er (employer) Contributory BIRTHPLACE Secondary (State or country) 4 (Durstion) Da 10 NAME OF 20 1) (Address) *Tt.te the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 0) 2 HZ (State or country) 0 0 œ 18 L_NGTH OF RESIDENCE (For 1 ospitale, Institutions, Trans-OF MOTHER 0 0. ients or Recent Residents) Cu 13 DIRTHPLACE At place In the OST OF MOTHER State 00 Where was disease contracted, if not at place of death? .. of shoul Former or usual res.dence ... Every CIANS Stater 15 Filed If more blanks are needed, address State Registrar, 16 W. Saratoga St.,

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(Approved by U. S. Census and American Public Health Association.

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the enpation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, IFousehousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer.'": Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as For persons who have no occupation Stationary fireman, et. But in many Laborer-Coul mine, etc. Wom-(b) Grovery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: Crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

1852

stated unless important. Example: Measles (disease "(Exhaustion," "Heart fauure, "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, as fracture of skull, and consequences (e.g., se, ris, tetanus) may be stated under the head of "contributor" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poiso: ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A., "PUERPERAL septicaemia," "PUERPERAL peritoritis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping (Recommendations on statement of cause of death approved by Committee on Nomendature of the Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart diseuse; Sarcoma,, etc., ol not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the cartificate is permanently filed.

| PLACE OF DEATH County WORLD CONTROL OF THE STATE LIMITS OF | OS449 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350 |
|--|---|
| Village or City College Village Village or City College Village Villag | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| # SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH () 2 -, 1900 (Month) 12 (Day) 130(Year) |
| 6 DATE OF BIRTH | 17 I HERBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that Mast saw has alive on free, 1929 |
| 7 AGE If LESS than | |
| Chout Wyrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Sudden Relations |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) ya mos de, |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) yrs |
| 10 NAME OF M James | (Signed) M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Rose daws | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of deathyrsmosds, Stateyrsmosds, Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of deah? |
| (Informant) John G. Song | Former or usual residence |
| (Address) for molse beight | Pacourolse Ceity My July 5 1930 |
| 15 Filed / 4 19230 & African Registrar | Lewist Ateverson Jocomolste |
| If more blanks are needed, address State Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1PLACE | OF DEATH | | 07119 | STATE OF | MARYLAND |
|-------------------------------------|---|-------------------------|---|---|---|
| County W | arcester | - | | CERTIFICATE | OF DEATH |
| THE SOPPOR | 195 (1 | (II) | | Registration | Dist. No. 35/ |
| Village or City_ | Snaw fell my (No. | 10 | | St: Ward |) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | - | | mand, | | number.) |
| PERSON | AL AND STATISTICAL PART(CL | JLARS | MEDIC | AL CERTIFICATE | OF DEATH |
| perral | 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word | ingle | 16 DATE OF DEATH | (Month) | /6 , 1936 (Year) |
| 6 DATE OF BIRT | Н | | | CERTIFY, That I att | tended the deceased from |
| | 1 27 | , 1930 | Aug 14 | | no 14, 1930. |
| | (Month) (Day) | (Year) | that I last saw h | / (/ | 5 1, 192.0, |
| 7 AGE | | If LESS than I day hrs. | and that death occur The CAUSE OF DEAT | red on the date stated | above, atm. |
| • | O yrs. 4 mos. 13 ds. | ormin.? | | A | |
| a OCCUPATION | ression or | | Des C | alilis | |
| particular kind | of work | *********************** | | | |
| (b) General nat business, or est | ture of industry ablishment in | | *************************************** | (D) | yrs mos 4 ds. |
| which employed | d or (employer) | | Contributory | (Duration) | yrs |
| 9 BIRTHPLACE (State or coun | try) _ //.00 1 . | | Secondary | D P 1 | |
| 10 NAME OF | From fell mg. | | 0 | (Durglion) | yıs. 'mosds, |
| FATHER | Frank Ward | 1 | (Signed) | m P | M. D. |
| O 11 BIRTHPLA | | | 1198 | | wyful ve |
| Z OF FATHE | | | Violent Causes, st | scase Causing Death, ate (1) Means of Ir | or, in deaths frem njury and (2) Whether |
| 12 MAIDEN I | 1/ / 10 | 1 | | | tals, Institutions, Trans- |
| 13 BIRTHPLA | 1) -will I sum | mand | ients or Recent Re | | |
| OF MOTHE | R A | | At place of deathyrsm | In the | teyrsmosds. |
| (State or C | TRUE TO THE BEST OF MY KNOWL | FDCF | Where was disease contril aot at place of deal. | acted, | |
| 14 THE ABOVE IS | TRUE TO THE BEST OF MIT KNOWL | EDGE | Former or | | |
| (Informant) | Jake Drumme | ~ | 19 PLACA OF BURIAN | OP PENOVAL | DATE OF BURIAL |
| (Addre | ss) Snow Hill mo | (, | Bleunes | A REMOVAL | June 17,3. |
| 15 (1) | 7 30 P.A. 8 | 1411 | 20 UNDERTAKER | 0 | ADDRESS |
| Filed 7/ | 1980 x 200 / 0 | Registrar | Thas a | uruell | Drow Stell M |
| | If more bronks are meeded address | tata Ragistras | 16 W. Saratova St. | Balton Requesting V. | S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation 6 Automobile factory. The material Salesman, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the or intercurrent) affection need not be " "Heart failure," and consequences (e. g., sepsis Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, ," "Coma," "Convulsions, etc. valvular heart disease; The contributory

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| レストロ | KTHI | supplie |
| MARGIN RESERVED TOR BINDING | WRITE AIN! WITH UNFADING INKTHIS IS A PERM ENT CORD | Every item of information should be carefully supplied. ACE should be stated EXACTLY, I CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. |
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3 SEX

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RENTS

Filed

Male

6 DATE OF BIRTH

a occupation
(a) Trade, profession or

particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

| 1 _{PLA} | CE OF | DEATH | | |
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| County | Worce | ester component | LIMITA | 91 |
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4 COLOR OR RACE

October

White

2FULL NAME Grover Harrison Dryd

5 SINGLE.

MARRIED.

25th.

(Day)

WIDOWED. OR DIVORCED APPIC (Write the word)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

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Barber

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| U | 3-61 | 1 | 0 | U |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 356

| St.:Ward) | (If death a hospital tion, give i stead of number.) | ts NAME I | 2- |
|-----------|---|-----------|----|
| | | | |

| a Drydei | 1 number.) |
|---|---|
| LARS | MEDICAL CERTIFICATE OF DEATH |
| Married | June June 3rd., 1930. June (Month) 3rd. (Day) 1930(Year) |
| , 1888 (Year) (If LESS than 1 day hrs. | that I last saw h slive on 1920, to 1920, and that death occurred on the date stated above, at 0.55 Am. |
| or min.? | Judden Rellafin |
| н | (Duration) yrs. mos ds. Contributory (Duration) yrs. mos ds. (Signed) M. D. |
| | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| ham | TB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| DGE | Where was disease contracted, if not at place of death? |
| land. | Methodist Cemetary Pocomoke City, Md. ZOUNDERTAKER DATE OF BURIAL June 5th., 1930 |
| B. H. | The seal dol Many and |

9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER saac Dryden 11 BIRTHPLACE OF FATHER Maryland (State or country) 12 MAIDEN NAME OF MOTHER Caroline Brittingham 13 BIRTHPLACE OF MOTHER Maryland (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Westley Dryden (Informant) (Address) Pocomoke City, Maryland Registrar If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of death State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. 35 (If death occurred In Ward) a hospital or institution, give its NAME in stead of street and number.) operly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that I last saw h _____alive on _____, 192....., (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at 400 1 day hrs. The CAUSE OF DEATH * was as follows: ESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in (Durstion) ____vrs____mos_ which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) Durstion) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. (State or Country 0 Where was disease contracted, if not at place of dea.h?... 3 14 THE ABOVE IS TRUE TO THE BEST Former or usual residence (Informant) CIANS CE OF BURIAL OR REMOVAL DATE OF BURIA O UNDERTAKER 15 Filed If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queser," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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laborer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As-examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, ., etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed 6 Grocery;

Statement of Cause of Dearh—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Always qualify all Measles;

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V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Horeesler | 15440 CERTIFICATE OF DEATH |
| WITHIA SORPOJE ALMITA SALLA | (129) Registration Dist. No. 35/ |
| Village or City Delow Helf No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME 11-stead of street and |
| 2FULL NAME John Co | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| A COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH Dec 2/, 1930 (Month) (Day) (Year) |
| 6 DOATE OF BIRTH LOCK () 1834 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw hom, alive on Il 19 1, 1955. |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 10 4'm. |
| 1 day hrs. 1 ds. or min. | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Chronic mishritis |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrs,mosds. |
| 9 BIRTHPLACE | Contributory |
| (State or country) manyland | Secondary Duration) yrs |
| FATHER Thos, buffy | (Signed) M. D. |
| S 11 BIRTHPLACE OF FATHER OF FATHER | State the I is ase Causing Death, or, in deaths from |
| (State or country) (State or Cou | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER BON Brown | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place In the of death yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| (Information & Studions | Former or usual residence |
| (Address) Strow Itel | Super Hill- MA 12/23/30 |
| Filed 14/23 19230 LE Loy Sunt | OUNDERFAXER ADDRESS |
| If more banks are needed, address Ltate Kegistrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the Disciplification of Cause of Death—Name, first, the Disciplification of Causation, using always the same adcepted to time and causation, using always the same adcepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

... tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid -probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory " elc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

m

| PLACE OF DEATH County Hyersty | 03439 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| hear | Registration Dist. No. 357 |
| Village or City Anowstill man (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH 3 - 5 4 , 150 (Month) (Day) (Year) |
| 6 DATE OF BIRTH 2017 70 , 1877 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 180. to 3,1950, that I last saw h Walive on 3,1950, |
| 7 AGE If LESS than I day hrs. hrs. or min.? B OCCUPATION (a) Trade, profession or | and that death occurred on the date stated above, at |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland | (Duration) yrs. mos ds. Contributory Secondary (Duration) yrs. inos ds. |
| 10 NAME OF FATHER Joseph ward 11 BIRTHPLACE OF FATHER Z (State or country) In anyland | (Signed) M. D. 377 190 (Address) Let W. L. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Maria Robins 13 BIRTHPLACE OF MOTHER (State or Country) Mananyland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where we disease contracted. |
| (Informant) (Address) (Address) (Address) (Address) | 11 not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Corlains 20 UNDERTAKER ADDRESS |
| Filed 192 Registral Registral If more banks are needed, address State Registral | Mr. S W. Saratoga St., Balto., Requesting V. S. ho. 1. Ma |

(Approved by U. S. Census and American Public Health Association.)

state oecupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupationbusiness, that fact may be indicated thus; Farmer (redefinite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. gcd in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material -Precise statement of ocsingle word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fraeture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid by Committee on cough; Chronic Example: Measles (disease etc. The contributory affection valvular heart Nomenclature Always qualify all need not be Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| 1PLACE OF DEATH | 12826 STATE OF MARYLAND |
|---|---|
| County Le orceoles | CERTIFICATE OF DEATH |
| WITHIN S PROBATE LIMITE OF | (129) Registration Dist. No. 357 |
| Village or City Snow All (No | St.: Ward) (If death occurred In a hospital or institution, give its NAME instend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. Wildows (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 75, 1820, that I last saw harman alive on 74, 1930, |
| 7 AGE IfLESS than day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) Jyrs. mos. des. |
| 9 BIRTHPLACE (State or country) of manyland | Contributory (Late of Contributory Secondary (Duration) yes mos ds. |
| FATHER John J. Hill O) 11 BIRTHPLACE | (Signed) M. D. M. D. 19270 (Address) Snowthul |
| (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Charlotte devero | B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) . 1 / Caryland | At place in the of deathyrsmosds, Stateyrsmosds, |
| (Informant) / ASM obyl Hade on | Where was disease contracted, if not at place of death? |
| (Address) Desor Hill | DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 1930 |
| Filed 195 19230 RECoy Sweeth. Registrar | 20 UNDERTAKER APDRESS W. T. Hrans Prow Hil |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

BEBKY INT. MITH UNEVDING INK--IHIS IS Y WEITE I

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farnier Leployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day specifically the occupations of persons-en-(b) For persons who have no occupation Automobile factory. The 6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

3 rabbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustlon," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ChronicExample: Measles (disease ," "Coma," "Convulsions, etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exercise that the property classified is very important. See instructions on back of certificate. |
|---|
| N. BEvery Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHI |

| PLACE OF DEATH County Worcester | 09677 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| | (31) Registration Dist. No. 354 |
| Village or City Stocktory (No | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female leolored Single, MARRIED, WIDOWED OR DIVORCED (Write the word) | Month) (Day) (Year) |
| 6 DATE OF BIRTH A (Month) (Day) (Year) | that I last saw held alive on Aug 1927. |
| 7 AGE If LESS than day | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | (Duration) about 6 mos |
| 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory Secondary (Durstion) Taos |
| FATHER John Emmens | (Signed) A 1923 (Address) Stocketon M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) | *State the lisease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Walachowly 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? Former or usual residence |
| (Address) Stockton 2418 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MENTAL OR SERVICE DATE OF BU |
| 15 Filed aug J 1000 Harry Fr Torfly | a populy think |
| If more b.anks are needed, addre.s State Kegistran | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cattan mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automabile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, ployed, as At school, ar At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Campositar, Architect, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer ar Planter, For many occupations a single word or term on y1'8). For persons who have no occupation Locamotive engineer,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinul ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilanitis," etc. discases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis af lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage caugh; or intercurrent) Committee on Chranic etc. affection need valvular heart Nomenclature Always qualify all The contributory not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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N. B .-

| PLACE OF DEATH County Worcester WITHIN CORPORATE LINITS OF | | 02077 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 |
|--|---|---|---|
| v | illage or CityPocomoke City (No | | St: Ward) (If death occurred is a hospital or institution, give Its NAME Is stead of street and number.) |
| = | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE OF DEATH |
| | Male White Single, MARRIED, WIDOWED. OR DIVORCED MARRIED. (Write the word) | 16 DATE OF DEATH Fel February | oruary 10th., 1930. |
| | March 14th , 1872 (Month) (Day) (Year) AGE If LESS than day hrs. | that I last saw had | CERTIFY, That I attended the deceased from 1929. to 756 |
| 10 A 10 | 57 yrs. 10 mos. 27 ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work Accountant (b) General nature of industry business, or establishment in which employed or (employer) | Carei | (Duration) yrs. mos. ds |
| 9 | Maryland IO NAME OF FATHER Charles E.Ennis Sr. II BIRTHPLACE | *State the D | (Duration) O (Address) O (Address) |
| PARENT | OF MOTHER Manager To Continue of | Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of deathyrs | SIDENCE (For Hospitals, Institutions, Transsaldents) ln the Stateds. Stateds. |
| 14 | (Informant) Charles E. Ennis Jr. (Address) Pocomoke City, Nd. Filed 2/// 19230 E A Jacques Registrar | Pocomoke 0 20 undertaken | Lor Removal Date of Burial an Cemetary Feb. 13 1930. PORTION National Maryland. |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more prouse specimens. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic scrvice for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia Grocery,

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic valvular heart disease; etc. The Nomenclature contributory

should state CAUSE OF DEATH in pla ent of OCCUPATION is very important.

statement of

20

PLACE OF DEATH

County Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

| WITHIN CORPORATE EIMITE | 74a Registration | Dist. No. 350 |
|--|--|---|
| Village or City Pocomoke City (No | St.:War | d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| Male White Single, Marrie White White Write the word) | d October (Month) | |
| February 14th., 1857. (Month) (Day) (Year) | that I last saw h salive on | ttended the deceased from |
| 7 AGE If LESS that day hrs da | . The CAUSE OF DEATH * was as follows: | ed above, at 8 a 00 A m. |
| (a) Trade, profession or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer) | Budd - Lase of (Duration) | for mos do. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) | yre mos de |
| 10 NAME OF | | |
| FATHER THE STATE OF THE STATE O | (Signed) | |
| William Ennis II BIRTHPLACE OF FATHER (State or country) WILL MAIDEN NAME | *State the Disease Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | n, or, in deaths from injury and (2) Whether |
| of Mother Margaret Long | 18 LENGTH OF RESIDENCE (For Hospitents or Recent Residents) | oitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of deathyrsmosds. In the of deathyrsds. | he tateyrsmosds. |
| (Informant) Mrs. Sidney C. Ennis | if not st place of dea.h? | |
| (Address) Pocomoke City, Md. | Baptist Cemetary Rehobeth Maryland. | Oct. 11th, 1930 |
| 15 18/11 8 1 / A A - cil | 20 UNDERTAKER | ADDRESS |

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | 1 PLACE OF DEATH County Warrester | 15441 | STATE OF M | OF DEATH |
|-----|--|--------------------------------------|--|--|
| | | 101-00 | Registration D | list. No. 35-2 |
| V | illage or City Beslein (No | r Eshar | St.: Ward) | (If death occurred in n hospit I or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE O | FDEATH |
| 3 | Male A COLOR OR RACE SCINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word) | 17 Dec. 12 | (Signth) Y CERTIFY, That I atte | 23 , 1020 - (Day) (Year) — ended the deceased from 23 , 19234 |
| | (Clonth) (Day) (Year | that I last saw h | | C 25 . 1936. |
| 7 | AGE [f LESS than t day hrs. or min.?] | The CAUSE OF DEA | red on the date stated of TH * was as follows: | above, at |
| かつか | (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) Billeard Marlan | Lub | Por Poren | nonth month |
| 8 | BIRTHPLACE (Nate or country) | Contributory Secondary | (Duration) | утн тозds |
| | 10 NAME OF Charles Eshave | (Signed) | O. (Address) Be | land M.D. |
| | OF FATHER (State or country) 12 MAIDEN NAME | Accidental, Suicidal | | |
| | CF MOTHER La. Wellow 13 CIRTHPLACE OF MOTHER (State or country) MA | ients or Recent R At place of death | esidents) In the | eyisinosds |
| 1 | (Informant) M.W. Will Esham | if not at place of der | ath? | |
| | (Address) Bulin Mg. | Energle | y Cemely | Der, 28, 1,30 |
| 1 | Filed Dec 28 130 IV. Mausseford | 23 UNDERTAKER | whage Luito, Requesting V. S | Berlin Ma |
| 11 | If more blanks are needed, address State Registrar | 15 W. Saratona St., | Daito., Requesting V. 5 | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, Spinner, (b) Cotton mill; (a) Salesman. (b) (irrecry; should be used only when needed. As examples : c additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every jorson, irrespective of fulness of various pursuits can be known. The queswhatever, write None. to report work, or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. Civil engineer. Stationary foreman, et . But in many the first line will be sufficient, e.g.. Farmer or Planter, cupation is very important, so that the relative health Physician, Compositor, Statement of Occupation Precise statement of oc Foreman, to know (a) the kind of work and also (b) For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material and children, not gainfully em-Laborer-Architect, Locomolive engineer, -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the printary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "indemic cerebrospinal meningitis"); Diphtheria (avoid use of "Coup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia. Bronchopneumonia."

telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sersis, carbolic acid-probably smaide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOSHCITA., State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "PHERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on cough; ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature Always qualify :: Il "Hacmorrhage, Measles; not be

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| be carefully supplied. ACE EATH in plain terms so that important. See instruction | P (l b | CCUPATION A) Trade, profession articular kind of concern and the concern articular kind of conc | of industry shment in (employer) | Harme | |
| information should state CAUSE OF D | PARENTS | 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of coun OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Coun | MM | bow and | ins |
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(Address)

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Registrar

If more bianks are needed, address State Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

| w | St.: | Ward) | (If death a hospital tion, give i stead of number.) | occurred in or institu- ts NAME in- street and |
|---|-------------|-----------------|---|---|
| MEDICAL | CERTIFIC | CATE O | F DEATH | |
| 16 DATE OF DEATH | 0 | t th) | 17 | 1920 |
| that I last saw h | ERTIFY, THE | at I atte | nded the de | |
| and that death occurred The CAUSE OF DEATH | | | above, at | S. M. m. |
| Tuberes | lo si | on) | Lin | Aos de. |
| Contributory Secondary | o | | | |
| (Signed) | (Durati | olls | vd. | ds. M. D. |
| *State the Diseas Violent Causes, state Accidental, Suicidal or I | se Causing | | or, in dea | ths from Whether |
| 18 LENGTH OF RESID | | Hospit | als, Institut | ions, Trans- |
| At place of deathyrsmos. | | In the State | yrs | mosds. |
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| Former or usual residence | | | | |
| Rehofethe | R REMOVA | L | Ref. 20 | BURIAL 1930 |
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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the business, that fact may be indicated thus; Furnier (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement whatever, write None. rner, (b) Cotton mill; (a) Sulesman. (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on Locomotive (b) materia engineer, Grocery,

Statement of Cause of Death—Name, first, the lift-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Group"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature American Medical Association.) (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonarum etc., Carcinoma, Sarcoma, etc., of name origin: "Cameer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "PUERPERAL septicucmia," "PUERPERAL pertonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc., "Dropsy "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Prisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart Always qualify all "Dropsy, disease;

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| PLACE OF DEATH | 02078 STATE OF MARYLAND |
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| County Morcarte | CERTIFICATE OF DEATH |
| more - 1 gard. | Registration Dist. No. 53 |
| Village or City Control of City Structure Stru | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw halive on 192, |
| 7 AGE Statton If LESS than I day hrs. yrs. mos. ds. or min.? | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) US 12 State or country) | Secondary (Signed) |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. ds. Where was disease contracted, |
| (Informant) | if not at place of dea.h? Former or usual residence |
| (Address) for the filed 2-17 19230 & Starpes Régistras | Such Soul 2-18, 1929 20 UNDERTAKER ADDRESS Provide T, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| it more planks are needed, address tate Registra | to to principle poil person tradesperies |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic server coupation has been changed housemaid, etc. If the occupation has been changed definite salary), may be entered as Howewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer to report household only (not paid Housekeepers who receive a laborer, ged in domestic service for wages, as Servant, Cook Foreman, especially in industrial employments, it is neces-For many occupations a Urs). ., without more precise specification as Day Farm laborer, Luborer—Coal mine, etc. Womspecifically the occupations of persons en-For persons who have no occupation single word or term on The ques-

> stited unless important. approved by tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "E:haustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease "Congenital," "Senile," etc.), "Drcpsy," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory Measles ;

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V. S. No. 1

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| | LINI WIT | information state CAUSI |
| 4 | WRITE | Every Item of information should be carefully supplied. ACE should be stated EXACCIANS should state CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. |

N. B.

V. S. No. 1

| PLACE OF DEATH County County Clother | 15442 STATE OF MARYLAND CERTIFICATE OF DEATH |
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| THE STREET OF THE CONTROL OF THE PARTY OF TH | (29) Registration Dist. No. 35/ |
| Village or City Onow Hollow F | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Col. Single, MARRIED, Widows or DIVORCED (Write the word) | 16 DATE OF DEATH 2 3 , 1980 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Don't / how | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw h Manalive on 1980, |
| 7 AGE If LESS than I day hrs. or min. | and that death occurred on the date stated above, at |
| BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Chr. neys astites truplantis (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Many Land | Contributory Secondary (Durstion) 4 |
| 10 NAME OF FATHER TOWN Themen | (Signed) Marrls Lings M. D. 17/13 1930 (Address) Snow Fire |
| OF FATHER (State or country) Engage Cons of 12 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place |
| (State or Country) | of deathyrsmosds. Stateyrsmosds. Where was disease contracted, |
| (Informant) I Take TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Address) Hatter Waters | In place of Burial OR REMOVAL DATE OF BURIAL DEC 14, 1930 |
| 15 Filed 12/13 1930 LE Roy Swith | LU V. HEamo Snow / till |

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state occupation at beginning of illness. If retired from tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Fanner treor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servan Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tle arst line will be sufficient, e. g., Furmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed single word or term on Locomotive engineer, not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the prise Ease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrotypinal facer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid facer (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the lata is essential and must be obtained before the certificate is ermanently filed.

M

| Village or City Mane 9 sace Puse | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH OCL - 1 | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at SA m. The CAUSE OF DEATH * was as follows: faller said: The CAUSE OF DEATH * was as follows: faller said: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Sleeding and broken our around recture no. Doctor in Durstion) to you do not led a l |
| FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MOTHER (State or Country) | *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, |
| (Informant) Candras Person (Address) Candras Person (Address) Candras Person (Address) Candras Person (Address) Person (Addre | where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Villium.
Inhorer, Farm laborer, Laborer— Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-For many occupations a single word or term on home, without more precise specification as Day who are engaged in the duties of the Coal mine, etc. Wom-But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrokpinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature American Medical Association.) "Exhaustion," "Heart failure," "Taemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; need not be

permanently filed. answered in detail, it will prevent further correspondence. data is essential and If this certificate is looked over thoroughly and all questions must be obtained before the certificate is

1931

B.

| | PLACE OF DEATH | 0873 | STATE OF | MARYLAND |
|----------------|---|--|--|--|
| | County Worcester. | 0010 | CERTIFICAT | E OF DEATH |
| | % | (161-P) | Registration | Dist. No. 350 |
| Vil | 2FULL NAME Not named Gale. | | St.: Ward | d) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.) |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE | OF DEATH |
| | Female Colored Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) | | | 030 . , 192 IS (Day) 193 (Ver) |
| 6 1 | DATE OF BIRTH | 1 | | tended the deceased from |
| | January 21st, 1930 (Month) (Day) (Year) | | | ry 21st , 19230, |
| 7 / | If LESS than I day 3 hrs. O yrs. O mos. O ds. or min.? | | rred on the date state | d above, at1219 m. |
| () () () | DOCCUPATION a) Trade, profession or conticular kind of work b) General nature of industry consiness, or establishment in which employed or (employer) | right side | e of neck. | , hematoma, |
| 9 8 | STATE OF COUNTRY) Maryland. | Contributory Secondary | 1 | |
| | 10 NAME OF Israel Winder Gale, | (Signed) | le de | M. D. |
| ENTS | of father (State or country) Marvland. | *State the I Violent Causes, s | isease Causing Death tate (1) Means of I or Homicidal. | oke City, Mt., or, in deaths from njury and (2) Whether |
| PAR | of MOTHER Esther Annie Dennis, | | SIDENCE (For Hosp | itals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER (State or country) Maryland. | At place of deathyrs | mosds, In the | nteyrsmos,ds |
| 14 | (Informant) Israel Winder Gale, | if not at place of dea Former or usual residence | .lo | |
| | | 19 PLACE OF BURIA | L OR REMOVAL | DATE OF BURIAL |
| arrive . | (Address) Pocomoke City, 11d. R.R. 43 | Mumm | 166 | 1-2/21. 1988 |
| 15 | Filed 1-22 19230 & SSEar PVS | 20 UNDERTAKER A | - Course | Evenute |

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (ye or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery;
 eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the person, irrespective of Locomolive engineer, But in

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebraphial fever* (the only definite synonym is "Epidemic cerebrashinal meningitis"); *Dinktheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart lanure,
"Old Age," "Shock,"
"Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, diseases (secondary Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; or intercurrent) affection need Chronic and consequences (e.g., sepsis etc. The contributory valvular heart Nomenclature Measles not be disease; etc., of as

If this certificate is lobked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIF |
|------|---|---|
| 35 | SEX 4 COTOR OR RACE SINGLE, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 (| DATE OF BIRTH Doret Know, 1 | July 5th 19230 |
| - | (Month) (Day) (Year) | that I last saw h alive on |
| a | Lout 7B yrs. mos. ds. or min.? | and that death occurred on the c The CAUSE OF DEATH * was as |
| 8 (| a) Trade, profession or | Acute enteritis |
| V | articular kind of work | |
| | b) General nature of industry usiness, or establishment in | (Dur |
| | which employed or (employer) | Contributory Old ag |
| 9 6 | SIRTHPLACE (State or country) | Secondary |
| _ | 10 NAME OF A 1 D I | , (Du |
| | FATHER (theton) Water | (Signed) |
| S | 11 BIRTHPLACE | July 14 192 30(Address) |
| Z | OF FATHER (State or country) Maryland | *State the Disease Causi Violent Causes, state (1) Me |
| PARE | 12 MAIDEN NAME Don't Know | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (Injury of the state of |
| | OF MOTHER (State or Country) | At place of deathmosds. |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | as Mensie Menson | Former or usual residence |
| | (Address) Focour le City My, | 19 PLACE OF BURNO OF EMO |
| 15 | Filed) / 5 19236 & S Hary | DOWNDERTAKER |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is -Ward)

stend of street and number.)

TE OF DEATH

(Day) 36 (Year)..... attended the deceased from

y 8th, 1930192 tated above, a 3 450

10

omoke City, Md. eath, or, in f Injury and deaths from (2) Whether

lospitals, Institutions, Trans-

n the State yrs.... .mos.

DATE OF BURIA

V. S. No. 1.

M. D.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; fulness of various pursuits can be known. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons en-Foreman, or For many occupations a single word or term on yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day Compositor, Architect, For persons who have no occupation 6 If the occupation has been changed Automobile factory. The -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-The quesmaterial

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. valvular heart disease; Always qualify all The contributory Measles;

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| MARGIN R | PADING | be care |
|-------------|---------------|--|
| MAR | WITH UNFADING | tion should |
| | INI | of Informa |
| V. S. No. 1 | WRITE | N. B Every item of Information should be caref |
| D' | | z |

| PLACE OF DEATH County Worceston | 09678 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| G-DC & gred. | S Registration Dist. No. 3 4 |
| Village or City Pulletre (No. | St.: Ward) (If death occurred in a hospital or institu- |
| ²FULL NAME | Gas Kius tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h alive on 192. |
| 7 AGE Stranger If LESS than I day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry | francles beeth |
| business, or establishment in which employed or (employer) | (Duration)mosde. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF Jahn Octal (Suching | (Signed)yrs |
| OF FATHER (State or country) | *State the l'is ase Causing Death, or, In deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother dete liquid Rober | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. Staleyrsmosds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) to has lovely leek | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) 22 debrea from | rear Seilleton ang 1, 130 |
| 15 Filed 8/5/30 192 Harry Theyler Registras | 20-UNDERTAKER Suddelin |
| If more b.anks are needed, address State Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Scream, Cook, work, or worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, ete., report specifically the occupations of persons en-Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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Joborer, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in donnestie service for wages, as Servont, Cook, Housemoid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At'school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Compositor, For persons who have no occupation Stationary froman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, Locomolive not gainfully emengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: ('erebrospind' fever 'the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup" Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Meusles (disease approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-(secondary or intercurrent) affection need American Medical Association. peritonaeum, etc., FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, 'name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by cough; Committee on Chronic Corcinoma, Sorcoma, etc., of etc. volvular heart diseose Nomenclature, The contributory was under-Meosles; not be

| PLACE OF DEATH County / Orcester Mear / Ocomology | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 |
|--|--|
| 2FULL NAME Milliam He | a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED MARRIED WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 / st, 19230 (Month) 2 / (Day) 9 (12) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1980, to 2, 1980, that I last saw has alive on 192, |
| 7 AGE Solver of the second of | |
| (a) Trade, profession or particular kind of work | apostary |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 MANUAL AND THE PROPERTY OF THE PROPERTY | Contributory Secondary (Duration) yra M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER LOSS DATIONS 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Lynn Land Street of MY KNOWLEDGE | Former or usual residence DATE OF BURIAL DATE OF BURIAL |
| (Address) Coult the Coll My, 15 Filed / 2 4 19230 Ep & Amy 13 Registrar | 20 UNDERTAKER) ADDRESS DE LA SOLUTION DE LA SOLUTIO |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary freman, etc. But in many (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death causing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) içianus) may be stated under the head of "eontributory." "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease approved by as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, or intercurrent) affection need not be ess important. Example: Measles (disease 'Congenital," "Senile," etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Committee on Chronic and consequences (e.g., sepsis, ete. The contributory valvular Nomenclature heart disease;

N. B.

| PLACE OF DEATH | 10817 STATE OF MARYLAND |
|---|---|
| County / Corolsler | CERTIFICATE OF DEATH |
| Maria - 0 1 - 1 - 1 - 1 - 1 - 1 | Registration Dist. No. 357 |
| Village or City Seeder Helphan | 0.100 + |
| Value of City December 10 | a hospital or institu- tion, give its NAME li- |
| 2FULL NAME James 18 11 | sou Mallalus steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Color or RACE 5 SINGLE, MARRIEO, WIDOWEO. OR DIVORCEO (Write the word) | 16 DATE OF OEATH Sept 22 ud, 19330 (Month) (Day) (Year) |
| 6 OATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| aug 1/th, 1930 | |
| (Month) (Day) (Year) | that I lest sew halive on |
| 7 AGE If LESS than | and that death occurred on the date stated above, at de m. |
| l dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrsmosds. ormin.? | no socios in allendance |
| a) Trade, profession or | at here of death. I wo |
| particular kind of work | weeks of Brevious a Physicia |
| (b) General nature of industry business, or establishment in | had prescribed for Horada |
| which employed or (employer) | (Duranon) (Vyel V moon de. |
| 9 BIRTHPLACE (State or country) | Confelbutory Secondary |
| Superfill Md. | Child was pution of the out do. |
| 10 NAME OF FATHER SALLING D Matthews | (Signed) LERoy Swith & Rog M. D. |
| O 11 BIRTHPLACE | 9/23 1923 (Address) Survivill Md |
| Z (State or country) Pococurate Cety. | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| TI 12 MAIOEN NAME | |
| of Mother Covelers Gellell | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLAGE OF MOTHER (State or Country) Worelster 6. | At place of deathyrsmosds. Stoteyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease controcted, if not at place of dea.h? |
| En dianoth | Former or usuel residence |
| (Informant) California Allelell | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) State Act | Mr. Mesley 7/23, 1930 |
| Filed 9/23 1930 LEKoy Swill Registros | New & Williams Sciontife |
| If more branks are needed, address tate Registrar | , 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery, material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." stated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify ali "Inanition," "Heart failure," "Iaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; or intercurrent) affection need not be ss important. Example: Measles (disease " "Coma," "Convulsions,

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Syrcester | GERTIFICATE OF DEATH |
| Down Die | Registration Dist. No. 320 |
| Village or City (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME Smith Heur | y Line tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | loved 16 DATE OF DEATH (O Cho, 1830 (Year, 95) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That attended the deceased from |
| (Month) (Day) | (Year) that I last say h alive on 1920, |
| | SS than and that death occurred on the date stated above, atm. |
| 60 yrs. / mos. d ds. or | min.? The CAUSE OF DEATH * was as follows: |
| OCCUPATION (a) Trade, profession or particular kind of work | morri Myrandelis |
| (b) General nature of industry | |
| business, or establishment in Larmer | Contributory (Leaves) de. |
| 9 BIRTHPL'ACE (State or country) near Pocomof | 2 Secondary Duration yrs mos de. |
| 10 NAME OF P. C. | (Signed) 1 A aslances M. D. |
| 11 BIRTHRI ACE | 10/12/1920 (Address) / Scarrolles Color |
| OF FATHER State or country) OF State or country) | *State the Disease Causing Death, or, in deaths from Vident Causes, state (1) Mesns of Injury and (2) Whether |
| of Mother Maria Roac | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER Near Pocons | At place of deathyrsmosds. In the Stateyrsmosds, |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| Turana & Puna | Former or usual residence |
| (Informant) Mary of Status (Address) Snow Hill | and I hear poconoffe DATE OF BURIAL |
| 15 Filed 4112 19931 & J Mary | 2D UNDERTAKER ADDRESS ADDRESS ADDRESS |
| Regia | Registrar, 16 W. Saratora St., Balto., Requesting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH to report especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, specifically the occupations of persons en-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always esame accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." Never report mere symptoms or terminal condiby Committee on cough; or intercurrent) affection need not uposs important. Example: Measles (disease Chronic etc. The valvular heart disease; Nomenclature contributory Measles ;

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plant tion applies to each and every person, irrespective of Statement of Occupationwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engine Foreman, especially in industrial employments, it is ne For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Stationary fireman, etc. But in ma Automobile factory. The material -Precise statement of oc-(b) Grocery, ,""Deal-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia") ("Pneumonia,

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; of the

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

PLACE OF DEATH STATE OF MARYLAND County Lorge ste CERTIFICATE OF DEATH Registration Dist. No. 5 (If death occurred in Ward) a hospital or institu tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED. OR DIVORCE (Write the word) 6 DATE OF BIRTH 17 (Month (Day) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION SERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) 70 10 NAME OF 3 1 0 20 11 BIRTHPLACE () [1] OF FATHER SON Piscase Causing Death, er, in deaths from CAU (State or country) Causes, state (1) Means of Injury (2) Whether Acidental, Suicidal or Homicidal. 12 MAIDEN NAME R OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform state CCU2/ ients or Recent Residents) 13 BIRTHPLACE OF MOTHER At place In the ö of death. yrs......ds. yrs.....ds. (State or country O 0 Where was disease contracted, shoul of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? Former or usual residence DATE OF BURIAL Z Ever CIAI stat 20 UNDER If more branks are needed, address State Registrary 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (1) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reguged in dome-tic service for wages, as Servont, Cook, Housenuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Civil Anymeer, Stationary foreman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of The ques-

Strument of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Eiphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopmeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For YIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." (secondary inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whaoping cough; "Atrophy," "Collapse," "Come," "Convulsions, interstitial nephritis, or intercurrent) affection need 'Congenital," "Semile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic vulvulor inephritis, etc. The Example: Measles (disease heart discose contributory Measles not be

| PLACE/OF DEATH | STATE OF MARYLAND |
|--|--|
| County Warsesler | CERTIFICATE OF DEATH |
| Mark come also leiter | 7 11 # 2 Registration Dist. No. 350 |
| 2FULL NAME CLASSICAL COLOR | Str. Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Tecula Mute (Write the word) | 16 DATE OF DEATH Apreculu 3, 1930 |
| | (Month) / 3 (Day) /930(Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Jule 22- 1833 | 1928. to how 14, 1930 |
| (Month) (Day) (Year) | that I last saw h evalive on Jept. 1920 |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm, |
| 97 / 22 Idayhrs. | The CAUST OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | alle had a estat our act |
| (a) Trade, profession or | stead on my arrival. |
| particular kind of work | Condition apparameter heart |
| (b) General nature of industry | (Durstion)yrsmosds. |
| which employed or (employer) | |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs |
| 10 NAME OF | antarkur |
| FATHER Surplus | (Signed) M. D. |
| M 11 BIRTHPLACE OF FATHER | 19270 (Address) 1 10 11 11 11 11 11 11 11 11 11 11 11 1 |
| Z (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| Y 12 MAIDEN NAME | Accidental, Suicidal or Homicidal. |
| of MOTHER Blega Jader | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Nacyland. | of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| and the standards | Former or usual residence |
| (Informant) (Informant) | A PLACE OF BURIAL PREMOVAL, DATE OF BURIAL |
| (Address) To course tely Mil | pring 4 a comi 100. 15. 1,30 |
| 15 11/11/2 30 10 14/0 000 | ON DERTAKER ADDRESS |
| Filed 1980 (DIFFOR PAS) | Marcion Hollens and the state of the |
| | 16 W Santa St. Polas Provide V S. A. 1 |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

1424 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 35/ (If death occurred in St.: Ward) a hospital or institution, give its NAME in stead of street and number.) certifi proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED so that it may k (Month)(Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH wear instructions that i last saw hamalive on ... (Month) (Day) (Year) AC IfLESS than and that death occurred on the date stated above, at ... 7 AGE be carefully supplied. EATH in plain terms so important. See instru I day hrs. The CAUSE OF DEATH * was as foliows: ds. or min.? A OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory Secondary (Duration) 10 NAME OF OO Shoul FATHER (3) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER CAUS Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-OF MOTHER ients or Recent Residents) state CCUP/ 13 BIRTHPLACE In the At place OF MOTHER State vrs......mos..... of death ______ds.___ds. (State or Country Where was disease contracted, 0 S should if not at place of death?... CIANS should statement of OF MY KNOWLEDGE THE BEST Former or usual residence OR REMOVAL ADDRESS 20 UNIDERTAKER 15 Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious recommendationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on be used only when needed. As examples: (a) For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by of as probably such, If impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken, For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death elanus) may be stated under the head of "contributory. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The valvular heart disease; contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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| | ry ite | CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chassified. Exact | statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| 1PLACE OF DEATH | 07122 STATE OF MARYLAND |
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| County Worcester | CERTIFICATE OF DEATH |
| | Registration Dist. No. |
| Village or City Stockton (No | St: Ward) St: Ward) A hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 18 DATE OF DEATH |
| Male White WIDOWED.Married OR DIVORCED (Write the word) | June 21st., 1920. June (Month) 21 (Day)1930 (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| September 15th., 1856. | fund / 1920. to fund , 19230, that I last saw him alive on June / , 19230, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 2. 15 A.m. |
| l dayhrs. | The CAUSE OF DEATH * was as follows: |
| 73 yrs. 9 mos. 6 ds. or min.? | |
| a) Trade, profession or Farmer | Valgulasi Duslace |
| particular kind of work FRIME! (b) General nature of industry | for the contraction |
| business, or establishment in | (Duration) |
| which employed or (employer) | Contributory |
| (State or country) Maryland | Secondary (Duration) yrs yrs de |
| 10 NAME OF | (of an all blickersons) |
| FATHER Stephen Goswellin | 1) 1/22 20 At let 111d |
| U BIRTHPLACE OF FATHER | *State the Disease Causing Death, or, in deaths from |
| Z (State or country) Maryland | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER (State or Country) Maryland | of deathyrsds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | Former or usual residence. |
| (Informant) Mrs.S.J.Goswellin | 19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL |
| (Address)R.F.D.#5 Pocomoke City, Md. | Stockton, Maryland, June 24, 180. |
| Filedrey 2 3 192 Houst Filedray Registrar | POCOMOKE City |
| | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

| PLACE OF DEATH County Workship | STATE OF MARYLAND CERTIFICATE OF DEATH |
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| | Registration Dist. No. |
| Village or City Bishof (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, WINDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 DATE OF BIRTH NOV. 28, 1930 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1923 to / - 2 9 , 1920, that I last saw haralive on / / - 2 9 , 1923 |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos ds. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion) yrs |
| 10 NAME OF FATHER Paul Sault | (Signed) M. D. |
| OF FATHER (State or country) Mangland 12 MAIDEN NAME (State or country) Mangland | *State the listase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER (Ibraa Gray 13 BIRTHPLAGE OF MOTHER (State or Country) Maryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) James Poduy | it not at place of dea.h? Former or usual residence |
| (Address) Buholis Matr. D. 15 Filed how. 30 1920 / Cryan | Saint martine rich Nov. 30 19 30 20 UNDERTAKER ADDRESS |
| Registrat | m Janha Valsm Selbyvill r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., (0) Spinner, (b) Catton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook, ployed, as At school, ar At hame. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Liousemaid, etc. report specifically the occupations of persons en-Foreman, or At Hame, For many occupations a single word or term on yrs). Farm laborer, Labarer-Caal mine, etc. Womwithout more precise specification as Day Compasitor, For persons who have no occupation (b) Automabile factory. The material Stationary fireman, etc. But in many If the occupation has been changed and children, Architect, Salcsman. Locomotive engineer, not gainfully em-(6) Gracery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Ceretros panal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASS CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic ccrebropueumonud, Bronchapneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbalic acid-probably swicide. The nature of the injury, accident; Revolver waund af head-homicide; Poisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumania (secondary) (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was underperilonaeum, etc., Carcinoma, Sarcama, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. The valvular heart disease, Nomenclature contributory not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stions

| YSI- | PLACE OF DEATH | STATE OF MARYLAND |
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| G . | County wor certin | CERTIFICATE OF DEATH |
| LY | 0.0 | Registration Dist. No. |
| EXACTL ly classifi | Village or City Suhafa Ma (No. 2FULL NAME Name Cyan Cuy & Isra | St: Ward) St: Ward) (If death occurred in a haspits ar institution, give its NAME instead of street and number.) |
| cport | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| of of | 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED | 16 DATE OF DEATH Dec 14, 193 |
| ay be | Junale White (Write the word) | (Month) (Day) (Year) |
| Ehou titm son | 6 DATE OF BIRTH Oct. 17 . 1846 | 17 I HEREBY CERTIFY, That I attended the deceased fram |
| ed. ACE is so that struction | (Month) (Day) (Year) | that I last saw hen alive an Dec, 12, 1930., |
| No 1 | 7 AGE | and that death accurred on the date stated above, atm. |
| ed. | 4 4 1 2 1 dayhrs. | The CAUSE OF DEATH * was a fallows: |
| ight | yrs | There chear bouned |
| sup n te See | 8 OCCUPATION (a) Trade, profession or | |
| iy sini | particular kind of work / Your / Communication of industry | |
| reful In pi | business, or establishment in which employed or (employer) | (Duration) yrs. mos da. |
| be caref | 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs. raos ds. |
| F DE | 10 NAME OF FATHER SISSING MANY | (Signed) P. Callins M. D. |
| S S | 11 BIRTHPLACE | Dec 15 1930 (Address) Brhiffiele Ind |
| AUS ION | OF FATHER (State or country) Maryland 12 MAIDEN NAME | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| te C | of MOTHER Gattie Halloway. 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| f inford | OF MOTHER (State or Country) Mangland | At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, |
| of of of | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of doa h? |
| sho | (Informant) avenie Bunting | Former or usual residence |
| ANS atem | (Address) Bishops me. | Bishwhille Md. Dec. 16, 1930 |
| Sta Sta | 15 Filed 1 15 1928 James Mypers | 20 UNDERTAKER ADDRESS |
| | Kegistra | m varna warsin surguin |
| 2 | lf more blanks are needed, address tate Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. whatever, write Nonc. business, that fact may be indicated thus; Former (re-Housemeid, etc. If the occupation has been changed g ged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foremon, For many occupations a single word or term on yrs). Farm loborer, At Home, and children, (6) For persons who have no occupation Stationary firemon, etc. But in many Automobile foctory. The material Laborer-Coul mine, etc. Wom-Locomotive not gainfully em-The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, corbolic ocid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); taken. can be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway troin-Chronic interstitial peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid cough; Committee on ncphritis, Chronic and consequences (e. g., sepsis, etc. valvular heart Nomenclature The contributory Always qualify all " "Convulsions, Measles ; disease;

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| | WRITE |

| | PLACE OF DEATH County Was cester | 02079 STATE OF MARYLAND CERTIFICATE OF DEATH |
|-----|---|---|
| | County (1) or Co. occ | Registration Dist. No. 353 |
| Vi | llage or City Bishofs Mco. | St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and |
| | 2 FULL NAME Melle M Gray | r,umber.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MIDICAL GERTIFICATE OF DEATH |
| 3 | SEX 4 COLOR OR RACE 5 INGLE, MARRIED, Married WIDOWED. CR DIVORCED (Write the word) | 16 DATE OF DEATH [Signth] (Day) (Year) |
| 6 | DATE OF BIRTH Nov- 28 . 1883 | that I last saw her dead on Feb 26, 1930 |
| - | (Conth) (Day) (Year | and that double assured in the data stated above at 1 (1) m |
| 7 | 46 yrs. 2000s. 8 ds or min. | |
| 8 | (a) Trade, profession or House work | |
| 1 | (b) General nature of industry business, or establishment in which employed cr (employer) | (Duration)yra 6 m ia / da |
| 9 | State or country) Slaware | Contributory Secondary Duration) yrs mosde |
| | 11 BIRTHPLACE Charles A vietari | (Signed) Selbyvelle |
| U H | OF FATHER (State or country) Delaware | *: t.te the Piscase Causing Peath, or in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. |
| 0 | OF MOTHER X A A VA I DE ANTE | 18 L-NGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents) |
| | 13 CIRTHPLACE OF MOTHER (State or country) Delaware | At place in the of death yes mos de Stale yes mos de |
| 14 | (Informant) Sarah Houted | if not at place of death? Former or usual residence. |
| 44 | (Address) Milton & Cl: | It Manhis Church Feb. 28, 130 |
| 13 | Filed 192 Registra | n Pasica Watson Sellyville |
| = | If more banks are needed, address State Registra | ar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1. |
| | | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As example: : a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stotionary fireman, at . But in many Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation Precise statement of oc-6 yrs). For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as For persons who have no occupation Laborer-Coul mine, etc. Wom-(b) Grocery; Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menicalities"); Diphtheria (avoid use of "Croup"); Spinal menicalities"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pheumonia".

BUBRAU

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Prisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sel. 818, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'M. State cause for which surgical operation was under-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopncumonia (secondary), by Committee on Nomenclature of the 10 intercurrent) affection need Chronic etc. valvular heart disease; The contributory Mousles ; not be

MARGIN RESERVED FOR

| STATE OF MARYLAND |
|---|
| CERTIFICATE OF DEATH |
| Registration Dist. No. 358 |
| St.: Ward) (If death occurred in a hospital or institu- |
| Gray. tion, give its NAME instead of street and number.) |
| MEDICAL CERTIFICATE OF DEATH |
| 16 DATE OF DEATH NW 2 5 , 1920 |
| (Month) (Day) (Year) |
| (0 at. 192 to 9 nr -2 4 , 1926, |
| that I last saw her alive on Mr 23, 1936, |
| and that death occurred on the date stated above, atm, |
| The CAUSE OF DEATH * was as follows: |
| |
| diabetis Inellitia |
| (Duration) 2 vrs. mos. ds. |
| Contributory |
| Secondary (Duration) yrs |
| (Signed) (a Holland) M. D. |
| Prov211 1970 (Address) Berlin And |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| At place In the |
| Where was disease contracted. |
| if not at place of death? |
| usual residence |
| Evergreen Cemeling nov. 25, 1930 |
| J. W. Burbage Berlin, nd |
| r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
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EXAC LY

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WYREN PERENTU

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The questo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealsary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as (a) the kind of work and also (b) the (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to: n for the same disease. Examples: *Cerebrospinal* fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup" Typhoid faver (never report "Typhoid Pneumonia," *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

Capproved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septianemia," "PUERPERAL peritonitis," etc. stated unless important. Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; use of "Tumor" "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the death

| X | | HYSI- Exact |
|------------------|--------------------------|--|
| 7 | CORD | supplied. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate. |
| ING | KTHIS IS A PERMA NT CORD | d be stated y be prope ack of ceri |
| BIND | PERM | st it ma |
| FOR | IS A | so the |
| RVED FOR BINDING | KTHIS | supplied n terms See inst |

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14196

STATE OF MARYLAND CERTIFICATE OF DEATH

| | County NOA V.S.D.V.S.A. | 74-01 |) | Registratio | n Dist. No. |
|----------------|---|-------------------|----------------------------------|---------------------------------|--|
| Vill | lage or City tockton (No | | | St.: Wa | rd) (If death occurred in a hospital or institution, give its NAME in stead of streat and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | | MEDICA | L CERTIFICATI | OF DEATH |
| 3 s Ma | Ale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 5a | vember | | th |
| 6 D | September 12th, 1 (Month) (Day) | 00 | Cov. 20 | CERTIFY, That I | attended the deceased from III. 27. 1923 C |
| 7 A | If LES 1 day 70 yrs. 2 mos. 15 ds. or | hrs. The C | AUSE OF DEAT | H * was as follows: | ted above, at 6. a. Q.Q. P. a.m. |
| Ow br br | a) Trade, profession or articular kind of work Nerchant b) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) Pennsylvania | Co | ntributory Secondary | (Durstion) | yre mos de |
| | 10 NAME OF Robert Green | (Signed | d) John | 10 10 | Kessow M. D. |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) Pennsylvania 12 MAIDEN NAME | Vie | *State the Dis | ease Causing Deate (1) Means of | th, or, in deaths from injury and (2) Whether |
| PAF | OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Pennsylvania | At pla of deat | ts or Recent Res | idents) In | spitals, Institutions, Trans- the tateyrsds |
| 14 T | (Informant) Is TRUE TO THE BEST OF MY KNOWLEDGE (Address) Lalley dale, F | if not Former | at place of death r or residence | | |
| 15 | Fild of 2 8 192 Haugh Tog Regist | 27/11 | WOUL. | tevens | Pocomoke City Waryland. |

V. S. No.

N.B.

If more bianks are meeded, addrasa Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healther," etc., Withous Laborer, Laborer-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day Stationary fireman, etc. But in many single word or term on -Coal mine, etc. Wom-(6) Grocery; re

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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| | 1/1 |
| 1 | 1 |

PLACE OF DEATH

County Worcester

Village or CityPocomoke City (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME it -

| 2FULL NAME Mary Hearne Hal | 1 | | stead of street and number.) |
|---|--|--|-----------------------------------|
| PERSONAL AND STATISTICAL PARTICUL | LARS | MEDICAL CERTIFICATE | OF DEATH |
| Female White Single, MARRIED, WIDOWED. Wi OR DIVORCED (Write the word) | dowed | August 26tl Pocomoke City, Md (MonthAug | 19 2 0 |
| October 12th. (Month) (Day) | , 1.860 (Year) | 17 I HEREBY CERTIFY, That I at | ust 26th, 1940, |
| | If LESS than I day hrs. or min.? | | d above, at 3.45. P.m. |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | | (Duration) | |
| 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Samuel Benson | | Contributory FX112US tion (Duration)/ | yre mos de, |
| OF FATHER (State or country) Maryland. 12 MAIOEN NAME | | *State the Discase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. | or, in deaths from |
| 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER | | 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place In the | itals, Institutions, Trans- |
| (State or Country) Maryland. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE | DGE | Where was disease contracted, if not at place of dea.h? | steyrsmosds. |
| (Informant) Emerson W.Polk (Address) Pocomoke City, Md. | | Presbyterian Cemetary Pocomoke City, Md. | OATE OF BURIAL Aug. 28th 1930. |
| 15 0/22 1020 to 1 How | AX1 | 20 UNDERTAKER | ADDRESS City |

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

statement

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; of the

V. S. No. 1

| | CORI | EXAC |
|-----------------------------|--|--|
| 5 | WRITE AINL WITH UNFADING INKTHIS IS A PERM. INT CORI | N. BEvery item of information should be carefully supplied. ACE should be stated EXAC. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classiatement of OCCUPATION is very important. See instructions on back of certificate. |
| MARGIN RESERVED FOR BINDING | PERM. | should t it may s on bac |
| T 0 X | S IS A | s so tha |
| EKVEL | VKTHI | y supplie |
| N KES | DING IN | carefull TH in pla |
| MARG | 1 UNFA | OF DEA |
| | WITH | CAUSE ATION is |
| | NIN | occup |
| | WRITE | y item of Shoules should be should b |
| (| T | BEver |
| | | Z |

| | PLACE OF DEATH County Worcester | 03440 | STATE OF MARYLAND CERTIFICATE OF DEATH | |
|----------------|---|-------------------------------|---|--|
| | | 90 | Registration Dist. No. 352 | |
| Vil | 2FULL NAME George R. Hammond | | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) | |
| = | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3 5 | A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH | March 4, 1930 (Month) (Day) (Year) | |
| 6 D | ATE OF BIRTH | 17 I HEREBY | CERTIFY, That I attended the deceased from | |
| | March 21. , 1840 | march 4 1980.10 march 4, 1980 | | |
| | (Month) (Day) (Year) | that I last saw h. | alive on march 4 , 198 U, | |
| 7 A | GE If LESS than 1 day hrs. 1 day hrs. | The CAUSE OF DEAT | red on the date stated above, at3n. TH * was as follows: | |
| Pi (b bi | CCUPATION) Trade, profession or articular kind of work) General nature of industry Isiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Maryland | Contributor De Secondary | Chetry chis / Intertie (Duration) you mos / ds. telestants & Heart Sign (Duration) yrs mos / ds. | |
| | FATHER William R. Hammond | (Signed) | Ball M. D. | |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME | | (Address) (Sease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal. | |
| AR | of MOTHER Elizabeth Williams | 18 LENGTH OF RE | SIDENCE (For Hospitals, Institutions, Trans- | |
| 14.7 | 13 BIRTHPLACE OF MOTHER (State or Country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death | In the State yrsds. | |
| - | | Former or usual residence | | |
| | (Informant) Mrs.George R. Hammond | 19 PLACE OF BURIA | | |
| 15 | Filed 3/6 1930 In Manhard | | rbage Bulin Md | |
| | If more blanks are needed, address State Registra | r, 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. | |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocr," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenelature Measles;

| | PLACE OF DEATH County Mr Corporate Cont | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 |
|-------|--|--|
| Vi | 2FULL NAME Still for S | St.: Ward) (If death occurred in a hospital or institution, give its NAME; stend of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 | DATE OF BIRTH / _ 6 , 1,736 | 17 MEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) '(Year) | that I last saw h alive on 7 man 192 , 192 , |
| 7 | Stav yrsds. If LESS than 1 dayhrs. ormin.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| I | (a) Trade, profession or particular kind of work | Hill from |
| 5 | ousiness, or establishment in which employed or (employer) | Contributory Secondary Contributory Can |
| | (State or country) 10 NAME OF FATHER Away A Hardy | (Signed) (Si |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME() | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PAR | OF MOTHER Landine Jums | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place of death yrs des. In the State yrs des. |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? Former or usual residence |
| | (Address) Niw Church & | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930. |
| 15 | Filed /- 6 198391 Co S Ham To Registrar | Favid Handy Powersk R& |
| - | If more hanks are needed addre a State Registrar | r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, laborer, cases, whatever, write None. business, that fact may be indicated thus; Farmer (196 or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid etc. Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Foreman, 10 For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, is very important, so that the relative health-At Home, and children, without more precise specification as Day For persons 6 Stationary fireman, etc. But in many If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Architect, who have no occupation not gainfully em-Locomoline As examples: (a) (6) engineer, Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) inges, pertonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature "Heart failure," "Haemorrhage, for malignant neoplasms); Chronic etc. affection need valvular heart " etc.), "Dropsy, The contributory Always qualify all Meastes; discase; not be

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

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| N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. |
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| ¹ PLACE OF DEATH | 02080 STATE OF MARYLAND |
|--|---|
| County Worcester | CERTIFICATE OF DEATH |
| | Registration Dist. No. 355 |
| Village or City Berlin (No | St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Fely 18 1, 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than I day hrs. 15 ds. or min.? | |
| OCCUPATION a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durgtion) |
| 10 NAME OF FATHER Thomas W. Hanley | (Signed) Alfred W Peter, Corone M. D. 2/18 100 (Address) Berlin md |
| OF FATHER (State or country) Canada 12 MAIDEN NAME | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Cartha Harrington | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Deleware | At place of death yrs mos ds. In the State yrs ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (informant) Mrs. Clarence Hanlet | Former or usual residence |
| (Address) Boplin Md. | Buckingham Cemetery Reb. 21 , 1930 |
| 15 Filed 7/9 1930 PW Plus Registrar | 20 UNDERTAKER ADDRESS 14 12 Intrage Barling Mid |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a yrs). For persons who have no occupation without more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of corbolic acid-probably suicide. The nature of the injury, American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL perilonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart discase Example: Measles (disease etc. The contributory

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| PLACE OF DEATH | 1876 STATE OF MARYLAND |
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| County Workester | CERTIFICATE OF DEATH |
| The season of th | (6) Registration Dist. No. 351 |
| Village or City fund Hall (No | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Mall NIGHT (WIDOWED. (Write the word)) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH Loo (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to au 7, 1930, that I last saw hamalive on fame 6, 1930, |
| 7 AGE 2 yrs. // mos. ds. If LESS than day hrs. or min.? | and that death occurred on the date stated above, nt 2 2 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos 2 ds. |
| 9 BIRTHPLACE (State or country) Marylond | Contributory Secondary (Durstion) yrsmesds. |
| 10 NAME OF FATHER Otho arrustring | (Signed) JUL M. D. M. D. July M. D. July 1950 (Address) Duro Jul Mil |
| OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) | *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Solia Starwar 13 BIRTHPLACE OF MOTHER (State or Country) Maryloud | At place of deathyrsmosds. Unstreet |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? Former or usual residence |
| (Informant) Lund Hill. md | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Jan 7, 120 |
| 15 Filed 1/7 19230 REROY Sunth | WILL Williams Sun Gill M. |
| If more hanks are needed, addre s tate Kegistra | . 16 W. Saratoga St., Balto., Lequesting V. S. 1.o. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many persons en-

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrnage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Tumor" FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; or intercurrent) for malignant neoplasms); Chronic Example: Measles (disease etc. The contributory affection valvular heart need Measles; disease;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "(Exhaustion," "Heart Ianure, Liacury, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, "Atrophy," "Collapse," FOR VIOLENT DEATHS STATE MEANS OF INJURY and consequences (e. g., sepsis Example: Measles (disease " "Coma," "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND | | |
|--|--|--|--|
| County Worcester | CERTIFICATE OF DEATH | | |
| near | Registration Dist. No. 307 | | |
| Village or City Serallatres (No. | St.: Ward) (If death occurred in | | |
| 2FULL NAME Boly (haurs) | Jurnoul a hospital or institution, give its NAME instead of street and number.) | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 8/25, 19250 (Month) (Day) (Year) | | |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from | | |
| 8 26 , 1980 | , 192, to, 192, | | |
| (Month) (Day) (Year) | that I last saw halive on, 192, | | |
| 7 AGE | and that death occurred on the date stated above, at | | |
| O yrs. O mos. O ds. or O min.? | no coctor alloudance. | | |
| B OCCUPATION (a) Trade, profession or | Presuature Berth - about | | |
| particular kind of work (b) General nature of industry | Sucultos. Dead born. | | |
| business, or establishment in | | | |
| which employed or (employer) | Contributory | | |
| 9 BIRTHPLACE (State or country) (Lear 1) Country | Secondary Durstion Ayrs A phosis ds. | | |
| 10 NAME OF | (Sind LE Koy Sweeth & Klan | | |
| of 11 BIRTHPLACE | of25 1923 (Address) Leven Hill (Mind | | |
| Z (State or country) Ralesah N.C. | *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | |
| V OF MOTHER MACHINE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | | |
| 13 BIRTHPLACE | ients or Recent Residents) | | |
| OF MOTHER (State or Country) Workes Ter | At place of deathyrsmosds. In theyrsmosds. | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? | | |
| (Informant) M. Quaen Jenry | Former or usual residence | | |
| (Address) Snow Hill Md | loobsbring and 8/25 1930 | | |
| 15 Filed 8/25 19230 DEFoy Suith | Lester Laws Girdletree | | |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, to report specifically the occupations of persons enworked on may form part of the second statement. " etc., without more precise specification as Day Foreman, or At Home, and children, For many occupations a single word or term on yrs. Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasum,
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic etc. The valvular heart disease; Nomenclature contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7.

| | PLACE OF DEATH | STATE OF MARYLAND |
|-----|--|---|
| н | County Wascester | CERTIFICATE OF DEATH |
| | WITHIN COAPGRATE LIMITS OF | 217 |
| | H D+ - | Registration Dist. No. |
| Vil | lage or City Ococco College / | 1/ (Walnut St.: Ward) (If death occurred in |
| | | tion, give its NAME is- |
| | 2FULL NAME MM - Mau | (A A VASA number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 5 | BEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH 9 5 5 |
| 14 | or DIVORCED CEASE | 43, 199, 2 |
| 710 | wool (Write the word) | (Month) (Day) (Year) |
| 6 1 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | 1930 | 192, to, 192, |
| | (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 4 | If LESS than | and that death occurred on the date stated above, at |
| , | I dayhrs. | The CAUSE OF DEATH * was as follows: |
| | yrsmosds. ormin.? | |
| 8 0 | CCUPATION | |
| 1 | a) Trade, profession or articular kind of work | ATTO Messes |
| | b) General nature of industry | |
| b | business, or establishment in | (Durstion) yrsds. |
| " | which employed or (employer) | Contributory |
| 9 E | SIRTHPLACE (State or country) | Secondary |
| | Maryland | (Durstion) |
| | 10 NAME OF 1 1 7 1 | (Signed) M. D. |
| | FATHER Rathe Harres | 9/12 1 /20 06 (1) |
| S. | 11 BIRTHPLACE | 192 (Address) |
| FNH | OF FATHER (State or country) Maryland | *State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| AR | 12 MAIDEN NAME | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 0. | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER | At place of deathyrsmosds. In the Stateyrsmosds. |
| 13 | (State or Country) | Where was disease contracted, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | Mad I blanner | Former or usual residence |
| | (Informant) | 19 ALAGE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | (Address) a courte tety | Colsesbury Cerre Def+24, 1930 |
| 15 | - 0/4 6/1/ | 20 UNDERTAKER ADDRESS |
| | Filed 1 19230 V V target | leneout Stevenson Common to |
| - | If more branks are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | | |

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, raner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many 6 material Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrazinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, .telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

| 2 | HYSI- Exact | PLACE OF DEATH County Worcesler. | 12829 | STATE OF M | |
|------------|--|--|--|--|---|
| | ,∀, P | | (74-0) | Registration I | Dist. No. 312 |
| CORD | EXACTL rly classifi | Village or City / Serlie (No. 2FULL NAME Clizabeth Fr. Har | rison. | St.: Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| 7 | cert | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE C | F DEATH |
| MACEN | ay be proposed back of | female 4 COLOR OR RACE 5 SINGLE, MARRIED, Widow WIDOWED, OR DIVORCED (Write the word) | a exabe | Buli In | (Day) (Year)!!30 |
| A PER | SE shounds it months on the | May 9, 1856 (Morth) (Day) (Year) | | 19230. to Get | 1923U. |
| HIS IS | ms so the | 7 AGE 7 L yrs. 5 mos. 8 ds. or min.? | | red on the date stated | above, at 4 P. m. |
| ADING INKT | e carefully sup ATH in plain ter mportant. See | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Contributory | (Duration) | yrs. mos f de. |
| WITH UNF | nation should be CAUSE OF DE | 10 NAME OF FATHER Leorge P. Franklin. 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MATTEN NAME OF NOTHER (STATE OF NOTHER O | Violent Causes, st. Accidental, Suicidal | iscase Causing Death, ate (1) Means of Injor Homicidal. SIDENCE (For Hospit | or, in deaths from ury and (2) Whether |
| TECAINE | em of Inform should state int of OCCUP | 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Mb/ Franklin Odleris. | At place of death yra my where was disease contribution of the place of death yra my when yra my was a place of death yra my was a residence my wa | In the State racted, | yrsda. |
| WRI | CIANS stateme | (Address) Berlie md | Duckinghan 20 UNDERTAILER | L OR REMOVAL M. Cemetery | Oct. 19. 19.30. |

If more bianks are needed, addless State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serund, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Furmer (to whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. etc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many single word or term on (b) The ques-Grocery; Day

spinal meningitis"); Diphtheria avoid use of "Croup ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebro Statement of Cause of Death-Name, first, the DI to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia" pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Letones) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, and consequences (e Examples: Accidental drowning; Struck by railway train Ameridan Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, perilonaeum, etc., Curcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (Thronic etc. The valvular heart Always qu.lify all contributory not be disease,

armwered in detail, it will prevent further correspondence. All the permanently filed 'If this certificate is looked over thoroughly and al questions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County uncertu Registration Dist. No. 855 EXACTL iy classif ficate. (If death occurred in Ward) a hospit .l er institution, give Its NAME is -.umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 3 SEX 16 DATE OF DEATH MARRIED. bo bo WIDOWED. X CR DIVORCED (Day) (Write the word) HEREBY CERTIFY. That I attended the deceased hat struction (onth) (Day) (Year and that death occurred on the date stated above, at fLESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: tor 8 OCCUPATION 99 (a) I rade, profession or plain nt. S particular kind of work (b) General nature of industry business, or establishment in (Duration). 10 which employed cr (employer) mpor Contributory Secondary (state or country) (Duration) ш 10 NAME OF 0 11 BIRTHPLACE (9) CSE * tite the listage Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Enjary and (2) whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) 18 L_NGTH OF RESIDENCE (For tospitals, Institutions, Trans-Ad 0 ients or Recent Residents) CC 13 CIRTHPLACE In the sto At place OF MOTHER of death vis. mos. ds. State (State or country) 0 Where was disease controcted, 0 if not at place of death? oul Former or Item usual res.dence DATE OF BURIAL Every CIA AS If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Latto., Requesting

V. S. No. 1

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken luborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: a additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Civil engineer. Stationary fireman, et .. Physician, Compositor, Architect, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Never return 'Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in incustrial employments, it is necesthat fact may be indicated thus; Farmer (rewithout more precise specification as Day (b) Automobile factory. The Locomotive engineer, But in many (6) material (irocery;

Statement of Cause of Dearh—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E amples: Cerebrospinal fever (the only definite synonym is "Upidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar menumonia. Bronchopneumonia ("Pneumonia";

discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine deficitely taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) affection need Whoaping (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences e g., se, se, and qualify as ACCIDENTAL, SUICIDAL, or HOWICH A. Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), interstitial nephrilis, cough; " "Marasmus," "Old Age," "Shock," Committee on Chronic valvular heart disease; etc. Nomenclature The contributory Measles ; not be etc., of

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If more branks are needed, addre

State Registrar 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Gook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Housesary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the Case Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age, "Snock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease clanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Debility" Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences e.g., sepsis, Whooping approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of merican Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cough; ("Congenital," "Senile," etc., "Dropsy," on," "Heart failure," "Haemorrhage," " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease nephritis, etc. The contributor, Always qualify all contributory

approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

8

(If death occurred in a hospital or institu-tion, give its NAME is -

stead of street and

DATE OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

Bronchopneumonia

("Pheumonia

telanus) may be stated under the head of "contributory." Whas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Ou Age, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiintercurrent) Chronic affection need not be etc. The contributory valvular heart Nomenclature Measles; disease; 50

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

83

| PLACE | OF | DEATH | |
|----------|----|-------|--|
| County 1 | / | 1 | |

15495

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 353

| | Registration Dist. 10. |
|---|--|
| Village or City Bull (No | St.: Ward) (If death occurred in a hospit is re institu- tion, give its NAME is- stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 FINGLE. MARRIED, WIDOWED. CR DIVORCED (Write the word) 6 DATE OF BIRTH MW. 13.1950 | 16 DATE OF DEATH (.i.i.lith) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1932 to 2 1932 that I last saw here alive on 2 1932 |
| 7 AGE (Clonth) (Day) (Year 7 AGE (Glonth) (Day) (Year (Aday hrs. or min.) | and that death occured on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (state or country) | Contributory Secondary (Duration) yrs m is do Contributory Tennelles fugue (Duration) yrs mos do (Signell) Q Avelaged M. E |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 CIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | **t.te the Fiscase Causing Feath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 L.NGTH OF RESIDENCE (For t espitals, institutions, Transients or Recent Residents) At place of death yis mos. ds. Where was disease contracted, if not at place of death? Former or |
| (informant) Envir Henry (Address) Bullin Isla. (Address) Bullin Isla. (Filed 12/2 1930 DV Mountford Depty Logistra. If more b.anks are needed, address Ltate Kogistra. | 19 PLACE OF BURIAL OR REMOVAL Service Property Date of BURIAL Dec. Z, 1230 SUNDERTAKER ADDRESS J. W. Burtage Bullin Juff 16 W. Saratoga St., Balton, Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: a additional line is provided for the latter statement : it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. Civil engineer. Stationary fireman, et. But in many the first line will be sufficient, e.g., Firmer or Planter tion applies to each and every person, irrespective of enpution is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer Statement of Occupation Precise statement of oc report specifically the occupations of persons en-Foreman, to know For many occupations a single word or term on Or Farm laborer, At Home, and children, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborer--Coal mine, etc. Womnot gainfully em-(7) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same accepted to time and eausation), using always the same disease. Examples: ("rebrowning the only definite synonym is "Epidemic cerebrowning the only definite synonym is "Epidemic cerebrowning". Typhoid fever (never report "Typhoid Pneumonia". Pneumonia.

American Medical Association.) diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, as fracture of skull, and consequences (e.g., 82, 83, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenelature cough; Chronic Example: Measics (disease etc. affection valirular heart The contributory Sarcoma,, need not be discuse; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

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| PHYS | County Warester |
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| XACTLY, P. c.assified. | Village or City Bullin (No. |
| EXAC | 2FULL NAME Ellen Hurry |
| stated E proportly of certified | PERSONAL AND STATISTICAL PARTICULARS |
| D C K | 3 SEX 4 COLOR OR RACE 5 FINGLE, MARRIED, WIDOWED. CR DIVORCED (Write the word) |
| hould t ma | 6 DATE OF BIRTH |
| (0 (0 | (Conth) (Day) (Year |
| lied ACE of the sections | 7 AGE fLESS than |
| lied ns s | Afout day hrs. |
| E AIN. WITH UNFADING INNTHIS of information should be carefully supplied outdestate CAUSE OF DEAT; I in plain torms so to of OCCUPATION is very important. See instru | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). James Wark 9 DIRTHPLACE (state or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME CF MOTHER 13 CIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BLST OF MY KNOWLEDGE |
| WRITE Every Itsm CIANS shot statement | (Informant) John J. Henry (Address) Berlin Mill, |
| BEve | Filed 12/9 193 9 V Moumford Registra |
| 2 | If more b.anks are needed, address thate Registrar, |

PLACE OF DEATH

14243 STATE OF MARYLAND CERTIFICATE OF DEATH

101-0

Registration Dist. No. 352

| St.: Ward) | a hospit i er institu- tion, give its NAME in- stend of street and number.) |
|--|--|
| MEDICAL CERTIFICATE O | F DEATH |
| 16 DATE OF DEATH ///2//3 D (Signth) | |
| 17 I HEREBY CERTIFY, That I atto 11/21/30 192 to 11/27 | /80 ,192 |
| that I last saw had alive on 11/24/30 and that death occurred on the date stated a | |
| The CAUSE OF DEATH * was as follows: | |
| Paumonice, Sch | ar, durfR |
| (Duration) Contributory Dright diesee Secondary (Duration) (Signed) July Plann 192 (Address) But | yrs mosde |
| * t.te the Piscase Causing Peath, Violent Caus s, st.te (') Means of In Accidental, Suicidal or Homicidal. | |
| 18 L_NGTH OF RESIDENCE (For 1 ospit ients or Recent Residents) At place In the | |
| of death yis mos. ds. State Where was disease controcted, if not at place of death? | yrs da |
| Former or usual residence. | |
| 25 UNDERTAKER | Date of BURIAL Dec V, in 30 ADDRESS Bullie MA |
| 16 W. Saratoga St., Lulto., Requesting V. S | |

f. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: additional line is provided for the latter statement it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. Metionary Jireman, et . But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health whatever, write Nonc. Physician, Statement of Occupation Precise statement of oc report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and ehildren, not gainfully em-Farm loborer, Loboreryrs). without more precise specification as Doy Compositor, Architect. For persons who have no occupation (b) Automobile factory. The material in the ki d of work and also (b) the -Coal mine, etc. person, irrespective of Locomoline engineer (h) Greecry; Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the prior ary affection with respect to time and eausation, using always the same accepted to time and eausation, using always the same accepted to time and eausation, using always the same accepted to time and eausation, using always the same accepted to time and disease. Examples: Crebrospine (the only definite synonym is "pidemic cerebrospinal menicipitis"; Diphthera avoid use of "Coup", Typhoid fewer (never report "Typhoid Pneumonia"." Typhoid preumonia."

tetunus) may be stated under the head of "contributory carbolic acid-probably swide. The nature of the injury, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMES A., State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Puerperal septicaemia," "Puerperal peritondis," "Unanition," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lanue," "Old Age," "Shock," "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 d.; Krouchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough, Chronic Chronic interstitiol nephrilis, use of "Tumor" inger, peritonaeum, etc., Curcinoma, Sorcomo,, etc., of approved (Recommendations on statement of cause of death as fracture of skull. Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," illity" ("Congenital," "Senile," etc.), "Dropsy," haustion," "Heart failure," "Haemorrhage," FOR VIOLENT DEATHS State MEANS OF INJU-Y by Committee on for malignant neoplasms); Measter; Chronic valeular heart disease; and consequences (e. g., selvis, Example: Measles (disease etc. Nomendature The contributory Poisoned by

If this certificate is holest over thoroughly and all questions answered in dotail, it will prevent further correspondence. he data is essential and mest be obtained before the certificate is permanently filed.

JAN 3 1931

V. S. No.

| PLACE OF DEATH County Warrester | 08453 | STATE OF CERTIFICATE | |
|---|--------------------------|---|--|
| 12 1: | 90 | Registration | Dist. No. 362 |
| Village or City Dislim (No. | 7./ | St.:Ward | tion, give its NAME in- stead of street and |
| ² FULL NAME & SULL | Lewy | *************************************** | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE | OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED MUNICULA WIDOWED OR DIVORCED OR DIVORCED (Write the word) | 16 DATE OF DEATH | July | 17, 190 (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that 1 jast saw h | Y CERTIFY, That I att | July 6, 1938. |
| 7 AGE II LESS that I day hr | s. The CAUSE OF DEA | rred on the date stated TH * was as follows: | l above, atm. |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Ch | onic bala | las thost the |
| (b) General nature of industry business, or establishment in which employed or (employer) Harmus | | (Durstion) | ds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary | (Durstion) | yrs |
| 10 NAME OF Peter Henry | (Signed) | Caltol O(Address) Be | land md |
| OF FATHER (State or country) | State the I | Pisease Causing Death, tate (1) Means of In | or, in desths from ajury and (2) Whether |
| of MOTHER Islia Johnson | 18 LENGTH OF RE | SIDENCE (For 1lospi | tals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrs | mosds. In the | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea | h? | |
| (Informant) Chas, V. Henry | 19 PLACE OF BURY | L OR REMOVAL | DATE OF BURIAL |
| (Address) Billis Mad | St. Hac | els | July 19, 1930 |
| 15 Filed July 18 1930 IV Mun ford | 20 UNDERTAKER | Burbage | Berlin Ma |
| If more banks are needed, address tate kiegisti | raf, 16 W. Saratoga St., | Balto., Requesting V. | S. Ivo. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise relationer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer and in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a especially in industrial employments, it is necessingle word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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If more blanks are needed, address State Registrar, J.W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institution, give its NAME instend of street and

DATE OF BURIAL

number.)

(Approved by U.S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Collon mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Howsehousehold only (not paid Housekeepers who receive a ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emgaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons entired 6 yrs). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Howsenuid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no oecupation -Coul mine, etc. Wom-Locomotive engineer, material Grocery;

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (crebrospinal fewer (the only definite synonym is "Epidemic cerebros-inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchapneumonia ("Pneumonia,")

> use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Meustes (disease tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; causing death), 29 ds.; Bronchopneumonia (seeondary), "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, "Exhaustion," "Heart railure, race, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Poerperal septicaemia," "Poerperal peritonitis, diseases resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by ledanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by milliany tuninapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasme); Measles; Chronic vutrular etc. affection need not be The contributory hourt disease.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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| | County Waruster | 10819 | | MARYLAND E OF DEATH |
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| | 10 0 | 129 | Registration | Dist. No. 352 |
| | Village or City Bushing (No | 7 Lews | St.: Ward | d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIG | AL CERTIFICATE | OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | Sift | 7 ~ , 192 3 6(Year) |
| | 6 DATE OF BIRTH | | | ttended the deceased from |
| | (Month) (Day) (Yell) | | ealive on Su | ht 7, 192, |
| | 7 AGE If LESS than I dayhrs. | | rred on the date state. TH * was as follows: | ed above, at |
| - | B OCCUPATION (a) Trade, profession or particular kind of work | Chr. | reflore | ls. |
| | (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contributory Secondary | (Duration) | yre. mos de. |
| | 10 NAME OF ATHER MICH Brillingham | (Signed) | (Address) | dert M.D. |
| | OF FATHER (State or country) W. A. | *State the l Vlolent Causes, s Accidental, Suicidal | Disease Causing Death state (1) Means of I or Homicidal. | n, or, in deaths from injury and (2) Whether |
| | D. 12 MAIGEN NAME OF MOTHER MARKETTE | | ESIDENCE (For Hosp | oitals, Institutions, Irans- |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrs | mosds. In the | ne ateda. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of des | a h? | |
| | (Informant) Thomas Jones | | AL OR REMOYAL | PATE OF BURIAL |
| | (Address) Billin | Shonenia | went | Ment 10, 1930 |
| | Filed Sept (0 1950 IV Mumford | 20 PNDERTAKER | rtage | Birly Md |
| | If more banks are needed, addre. Ltate hegistpar | 16 W. Saratoga St., | Balto., I, questing V. | S. 1.0. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery man, (b) Automobile factory. The materia. Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal moningities"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

BUREAU

st_ted unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection valvular heart Nomenclature need not be Measles; disease;

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V. S. No. 1

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| | J.C | 0 | 0 |
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| 4 | 7 | ٢ | nt |
| 7 | Ite | (J) | 9 |
| | > | CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. | statement of OCCUPATION is very important. See instructions on back of certificate. |
| | er | A | at |
| | E | Ö | St |
| ALLE COMPANIES OF THE STATE OF | 1 | | |
| | m | | |
| | N. B Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P | | |
| | | | |

| PLACE OF DEATH | 5446 STATE OF MARYLAND |
|--|---|
| County Worcesty | CERTIFICATE OF DEATH |
| nears/ 1/2 | Registration Dist. No. 351 |
| Village or City Quant / Hull (No) | St.: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME Viter Louis A | ury tion, give its NAME in- stead of street and number-) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (, 1920 () () (Year) () |
| 6 DATE OF BIRTH Mich 11 1895 | 17 I HEREBY CERTIFY, That lettended the deceased from |
| (Month) (Day) /(Year) | that I last saw h Malive on |
| 7 AGE If LESS than | |
| 35 yrs. 8 mos. 2 ds. or min.? | accidentally Rilled. No suggest |
| (a) Trade, profession or particular kind of work | Eletis. apparently lost central of car |
| (b) General nature of industry | En at the Red attend telephone bold |
| business, or establishment in which employed or (employer) | (Duration) yrs mos da, |
| 9 BIRTHPLACE (State or country) Manulymed | Contributory Secondary |
| 10 NAME OF FATHER CALLY A MALLON | (Signed) Duration) Jyrs mos de, |
| 11 BIRTHPLACE | NIC (1931) (Address) Dur Thul |
| OF FATHER (State or country) Maryloud 12 MAIDEN NAME 2 | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER De Luceu Vurull | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) M. W. Kyliy | Former or usus! residence |
| (Address) Dun Hill My. | prior Hul Md Dieg, 1931 |
| 15 Filed 12/6 19230 Le Los Swith | 26 UN DERTAKER HEAR SUN Sull had |
| If more bianks are needed, address State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atropny, Commerce, "Senile," etc.), "Dropsy,"
"Debility" ("Congenital," "Senile," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

3 No. 1

| PLACE OF DEATH | STATE OF MARYLAND | |
|---|---|--|
| County Workster | US454 CERTIFICATE OF DEATH | |
| | | |
| | Registration Dist, No. 232 | |
| Village or City Berlin (No | St: Ward) (If death occurred in a hospital or institu- | |
| 0 11, 20 21 | tion, give its NAME II | |
| 2FULL NAME Salle 8h. He | stend of street and number.) | |
| | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X | 16 DATE OF DEATH | |
| Thomas Colored WIDOWED. | July 25-, 1930 | |
| (Write the word) | (Month) (Day) (Year) | |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from | |
| lukurown 1867 | , 192, 192, | |
| (Month) (Day) (Year) | that I last saw h | |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm, | |
| I dayhrs. | The CAUSE OF DEATH * was as follows: | |
| 6 3 yrs. mos. ds. or min.? | | |
| 8 OCCUPATION (a) Trade, profession or | fly Sut nethreis | |
| particular kind of work | | |
| (b) General nature of industry | | |
| business, or establishment in which employed or (employer) | (Duration)yrsmosds. | |
| 9 BIRTHPLACE | Contributory | |
| (State or country) | Secondary | |
| 1 10 NAME OF A | (Duration) | |
| FATHER CALLED TO THE TILD | (Signed) M. D. | |
| 11 BIRTHPLACE | 7-76-1920 (Address) Beslin Wes | |
| OF FATHER Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | |
| W - A | Accidental, Suicidal or Homicidal. | |
| OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | |
| 13 BIRTHPLACE | ients or Recent Residents) | |
| OF MOTHER | At place of deathyrsmosds. Stateyrsmosds. | |
| (State or Country) | Where was discase contracted. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? | |
| Thomas Henry | usual residence | |
| (mormant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | |
| · (Address) / Zerlin M. | St. Pauls Cerulery July 26, 193.0. | |
| 15 1 0 O) Ch. (1 | 20 UNDERTAKER ADDRESS | |
| Filed July 26 1930 . Thum ford | L. W. Burban Bestin Mid | |
| | W Santage St. Balta Laguerius V S ha 1 | |
| If more blanks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census ɛnd American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-Locomolive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "E.haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH

| County Charcester | 08459 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| 0 21 22 10 2 | Registration Dist. No. 3 |
| 2FULL NAME Stellow Sew | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Could not lolite Single, MARRIED, WIDOWED. Servele Could not lolite OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTUPY, That 1 attended the deceased from |
| (Month) (Day) (Year) | 192 . to |
| 7 AGE If LESS than I day hrs. ds. or min.? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Hitchem on July 12-1930 & removed the flaces to tot died not not not factor the family informed me it was to make the family but a notion make to contributory they live to part of the family from the former of th |
| 10 NAME OF Justone Serves | (Signed) R P Coolein M. D. Quel 2 & 1920 (Address) Okshar kvelle |
| OF FATHER (State or country) 12 MAIDEN NAME 7 7 7 | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Shelma Helekens 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country) | 18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was diaease contracted, |
| (Informant) | if not at place of death? |
| (Address) | Form July 12, 1930 |
| Filed /22 1930 Janus L Man | Jamely & Selbyvillable |
| If more blanks are needed, addres tate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 7. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planler, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marashus,
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart range," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH Village or City Syan Rill My PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED male OR DIVORCED 6 DATE OF BIRTH (Month) (Day) (Year 7 AGE Ilf LESS th I day h OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Orchie Hallen (Address) Snaw Hill Registrar

If more branks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 36/

| St.:War | d) (If death occurred in a hospitul or institu- tion, give its NAME in- stead of street and number.) |
|---------|--|
| | |

| | MEDICAL CERTIFICATE OF DEATH |
|------|---|
| | 16 DATE OF DEATH / /G , 19 30 |
| _ | (Month) (Day) (Year) |
| | I HEREBY CERTIFY, That I attended the deceased from |
| •••• | that I last saw h malive on fan 16 4.55 fan 192 |
| an | and that death occurred on the date stated above, at |
| 3. | The CAUSE OF DEATH * was as follows: |
| | Weakling from Frema- |
| | we will |
| | (Duration)yre,mosde. |
| _ | Contributory Secondary |
| _ | (Signed) Level Andrews Super Hell, Ma |
| | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| _ | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | At place In the of deathyrsmosds. Stateyrsmosds. |
| - | Where was disease contracted, if not at place of death? |
| | Former or usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Sherieza M. E cametay for 17, 1930 |
| 1 | 2D UNDERTAKER ADDRESS |
| | Chas a Furnell snow that my |

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Toda mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(secondary American Medical Association.) (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease or intercurrent) affection need not be " "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| (VI | 7 | lied. ACE should be stated EXACTLY, PHYSI ms so that it may be properly classified. Exac |
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| Ox | Y | LY, P |
| | ECORD | KACT |
| | EC | red E) |
| ניז | ENT | e stat |
| BINDING | HIS IS A PERM ENT | uld bu |
| B | PER | short it m |
| OR | SA | ACE tha |
| D FOR | IIS I | lied. |

| - | PLACE OF DEATH County Conception | 12831 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|--|
| | WITHIN CORPORATE LIMITS OF | Registration Dist. No. 3 50 |
| | Village of City Molle (No. 2FULL NAME Color Dans | St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEAT OCT 19th, 1980 |
| | 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That Lattended the deceased from 193 a. to 192 c. that I last saw h anglive on 193 c. |
| | 7 AGE (1) Syrs: 3 mos. 4 ds. or min.? | |
| | OCCUPATION (a) Trade, profession particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) yes mos de |
| | 9 BIRTHPLACE (State or country) | Contributory States (Durstion) yts |
| | 10 NAME OF FATHER Thought | (Signed) 1 20 (Address) former ly |
| | OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Jost Know | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| | (Informant) Snow Nolden | Where was disease contracted, if not at place of death? |
| | (Address) Pocomete City M. | Page of HURIAGE REMOVAL DATE OF BURIAL PAGE OF BURI |
| | Filed 1921 1923 UC A Star ph | Journ Stevenson Johnson |
| | If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

V. S. No. 1

WRITE

N. B.-

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions,

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V. S. No. 1

| PLACE OF DEATH | 08455 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| near / // | Registration Dist. No. 347 |
| Village or GENNW/III (No | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Mghth) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE about 38 years If LESS than I day hrs. ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work | Gun Shot Wound Right Chest |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Tulmunay |
| 9 BIRTHPLACE (State or country) Maryland 1 10 NAME OF | Jennynfrage Joods. |
| FATHER arnhrase/folland | (Sighed) / MM W Constant Const |
| OF FATHER (State or country) 12 MAIDEN NAME OF ATHER (State or country) | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the |
| OF MOTHER (State or Country) Stochlan V-C 1. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of dea.h? |
| (Informany) Dr.7. & Walsche. | Former or usual residence |
| (Address) gran fill ve | Snew fill ma. Care full 6 , 150 |
| Filed 7/5 19230 RECog Swiets | Chy sel Parnell 9 row Hill & |
| If more blanks are needed, a dress State Registral | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Williams, Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart mure, machine disease," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory " "Convulsions,

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., without more relationer, Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed or For many occupations a single word or term on especially in industrial employments, it is necesyrs). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Locomotive engineer, As examples: (a) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important. tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease and consequences (e. g., sepsis, etc. valvular heart disease Nomenclature The contributory Measles ; etc., of

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er," etc., without more process. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Solesman, Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the riggeral causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is loss definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railwoy train-"Uraemia, " "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory

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| PLACE OF DEATH County Workertur | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 932 |
|--|--|
| Village or City near Bulin (No | St.: Ward) (If death occurred In a hospital or institution, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. Single MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| March 13, 1856 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from March 1930, to Produce 1, 120, that I last saw ham alive on The last saw had alive on The las |
| 7 AGE State | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Secondary |
| (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) W 12 (State or country) W 13 State or country) W 14 (State or country) | (Signed) |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 A C C C C C C C C C C C C C C C C C C | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionta or Recent Residents) At place of deathyrsmosds. |
| (Informant) Thomas Holloway (Address) Selbyville Del Filed Opril 12 1930 IV Mumford Registral | Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Selbyville Com 20 UNDAWTAKER ADDRESS ADDRESS ANDRESS |
| Nepador - | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. (Recommendations on statement of cause of death carbolic acid-probably smicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." as fracture of skull, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) Committee on Chronic valvular heart disease; and consequences (e.g., sepsis Example: Measles (disease etc. The affection need Nomenclature of the contributory not be

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| 1 . D. Mo. 1 | MARGIN RESERVED FOR BINDING | FOR | BINDIN |
|-------------------------------|--|------|----------|
| WRITE | WRITE AINL WITH UNFADING INKTHIS IS A PERM | IS A | PERM |
| N. BEvery Item of CIANS shoul | N. BEvery item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be | ACE | should b |

| | PLACE OF DEATH County Worcester | | | | 02081 STATE OF MARYLAND CERTIFICATE OF DEAT | | |
|---------|---------------------------------|--|---|------------------------|---|---|---|
| | | f. 1997 2797 2797 2797 2797 2797 2797 2797 2797 2797 2797 2797 2797 279 | nd d'Antonina de un qui ni ni mande di lique | | (129) | | Dist. No. 3174 |
| Vil | Village or City Stockton (No | | | | | St.: Ward | (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.) |
| = | PERSO | NAL AND STATIST | ICAL PARTICULA | RS | MEDIC | AL CERTIFICATE | OF DEATH |
| 3 S | emale | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWEDWIDOR DIVORCED (Write the word) | wed | 16 DATE OF DEATH Februs | ary 16th. | , 19 Z 0 |
| 6 [| ATE OF BIR | | 30th., | 1.846. (Year) | 17 I HEREBY | CERTIFY, That I att | ended the deceased from 1980 |
| (I | which employed or (employer) | | | Chroni | e Neph | yts. mos ds | |
| PARENTS | 12 MAIDEN OF MOTH | Francis Me ACE LER COUNTRY) Mary NAME HER Anne B.S | land tevenson | | *State the D Violent Causes, st Accidental, Suicidal | (Address) Death, ate (1) Means of in or Homicidal. SIDENCE (For Hospi sidents) | or, in deaths from jury and (2) Whether |
| 14 1 | (Informant | IS TRUE TO THE BEST | arker | SE . | Where was disease control in not at place of dear Former or usual residence | L OR REMOVAL | DATE OF BURIAL Feb. 18th, 1930. ADDRESS |
| - | riled/ | occoording to the second secon | // | gistrar e Registrar | , 16 W. Saratoga St., | | Pocomoke City |
| | | | | | | | |

(Approved by U. S. Census and American Public Health Association.)

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| | CE OF DEATH | | | 6 6 1 3 2 3 4 7 | | OF MARYL | |
|--|--|--|-----------------|--|---------------------------------|---|-----------------------------------|
| County | Wares | elle | | | CERTIFIC | ATE OF E | EATH |
| | | | | (2) | Registra | tion Dist. No. | 35-2 |
| Village or | City Ber | (No. | | | St.:V | Ward) (If dea | th occus |
| | | 1 | 1 0 | 1 | | tion, giv | tal or i ve its NA of stree |
| - | FULL NAME | I upan | 1 /7 | Judson | | number | .) |
| PER | SONAL AND ST | ATISTICAL PARTI | CULARS | MEDIC | AL CERTIFICA | TE OF DEAT | Н |
| 3 SEX | 4 COLOR OF | MARRIED, | | 16 DATE OF DEATH | Oct | 29 | 105 |
| Henrik | 20 | WIDOWED, OR DIVORO (Write the w | ced ord) | | (Manth) | | , IN |
| 6 DATE OF | BIRTH | | | 17 A HEREBY | CERTIFY, That | I artended the | |
| | P. | f. 29 | 1930 | UCL 29 | 1930. to | Oct, 2 | 3 |
| | | (Month) (Day) | (Year) | that I last saw Lei | Dentes D | till 1 | our : |
| 7 AGE | | | If LESS than | and that death occu | | | 8 A |
| | 1/50 | mos. | de or min ? | The CAUSE OF DEA | TH * was as follow | ws: | |
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| COCCUPAT | IAOU | | | | | | |
| OCCUPAT (a) Trade | , profession or | | | | | | 4 |
| (a) Trade particular | , profession or kind of work | | | Jors | in of 6 | lasd. | in W |
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| (a) Trade particular (b) General business, which em | , profession or kind of work at nature of indus or establishment in ployed or (employe | atry n | | Contributory | N | lasd. | in W |
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| (a) Trade particular (b) Gener business, which em 9 BIRTHPL/ (State of Manual Particular) 11 BIRT OF F C (State of Manual Particular) 12 MAII OF M G M G M G M G M G M G M G M G M G M | , profession or kind of work all nature of indus or establishment in ployed or (employed ac E r country) HE OF HER HPLACE ATHER TOTHER THPLACE | atry n | lsley | Contributory Secondary (Signed) *State the I Violent Causes, s Accidental, Sulcidal | Q (Address) | Berlen Death, or, in of Injury and | tutions, |
| (a) Trade particular (b) Gener business, which em 9 BIRTHPL/ (State of the control of the contro | , profession or kind of work al nature of indus or establishment in ployed or (employed or country) THE OF THER THE | atry n | lsley | Contributory Secondary (Signed) | Q (Address) | Berles Death, or, in of Injury and Hospitals, Insti | tutions, |
| (a) Trade particular (b) Gener business, which em 9 BIRTHPL/ (State of the control of the contro | , profession or kind of work al nature of indus or establishment in ployed or (employed or country) THE OF THER THE ATHER THE OF COUNTRY) DEN NAME THE THE THE THE THE THE THE THE THE TH | md Lin D. H. Md ie J. Shre Med | laley WLEDGE | Contributory Secondary (Signed) 28 198 *State the I Violent Causes, s Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death yrs | Q (Address) | Berles Death, or, in of Injury and Hospitals, Insti | tutions, |
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foremon, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the prisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

capproved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL revitoritis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. as fracture of skull, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aceidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brunchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic volvular heart discose; and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Meosles;

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| | PLACE OF DEATH County worester | 14197 STATE OF MARYLAND CERTIFICATE OF DEATH |
|------|--|--|
| V | | (1/3) Registration Dist. No. 353 |
| Y | illage or City Bushofo (No. | St: Ward) (If death occurred in a hospital or institu- |
| | 2 FULL NAME Elsie May Hu | dsex tion, give its NAME is stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 | SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| 6 | Oct. 11 , 1930 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192. 4. to |
| 7 | AGE yrs. mos. 26 ds. If LESS than I day hrs. or min.? | 2742 |
| VHZZ | OF FATHER (State or country) Salaware 12 MAIDEN NAME | (Durstion) yrs mos ds. Contributory Secondary (Durstion) yrs mos ds. (Signed) M. D. *State the I is ase Causing Death, or, in desths Irom Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, it not at place of doa.h? Former or usual residence 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 | Filed Registrar | M Danha Watson Selbyr |
| | If more blanks are needed, address ttate Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Consus and American Public Health Association.)

cases, state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the age. tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Campositor, Architect, Locomotive engineer, Housemand, etc. first line will be sufficient, e. g., Farmer or Planter, Foreman, engineer, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed person, irrespective of (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer "(the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Chou"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by raineay traindiseases "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock," cough; Chronic affection necd not be etc. The contributory valvular heart Nomenclature Poisoned by Measles ; disease; etc., of 28

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2

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STATE OF MARYLAND HYSI-Exact PLACE OF DEATH CERTIFICATE OF DEATH XACTLY, PI Registration Dist. No. 35 (If death occurred inWard) (No. Village or City a hospit..! er institution, give its NAME in stend of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH 3 SEX MARRIED. 0 WIDOWED. 2 OR DIVORCED may n bac 6 DATE OF BIRTH BINI (Day) (Year and that death occured on the date stated above. FO IfLESS than 7 AGE I day hrs. ED ds. or min.? B OCCUPATION ERVI (a) I rade, profession or particular kind of work Jan (b) General nature of industry Ö. business, or establishment in (Duration) ... which employed cr (employer) Contributory Secondary MARGIN 9 BIRTHPLACE (State or country) 0 10 NAME OF FATHER u. (Address) 00 [13] RENTS or, in *State the Discase Causing Peath, CAUSE ATION OF FATHER Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans 4 ients or Recent Residents) state ccup/ 13 DIRTHPLACE In the At place Statevrs.....mos.. OF MOTHER of death.....yrs.....mos..... (State or country) uld of o Where was disease contracted, if not at place of death? Of 14 THE ABOVE shot Former or usual residence. 63 72 states 04 ō more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wirstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: c additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e g. . Fermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of oc whatever, write Nonc. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) Stetionary fireman, et . But in many Loborer-Coul mine, etc. Wom-Locomolive engineer, (4)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disc so. Examples: Cerebrospinal fever (the only definite synonym is "Updemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. and qualify as ACCIDENTAL, SUICIDAL, or HOLICI A., or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sorcoma, as fracture of skull, and consequences (e.g., serwis, telanus) may be stated under the head of "contributory" "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); American Medical Association.) approved carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injumy State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; Chronic volvular heart disease; Example: Measles (disease etc. The contributory Meastes;

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| 1PLACE OF DEATH | 03441 STATE OF MARYLAND |
|---|---|
| County Worceste | CERTIFICATE OF DEATH 54 |
| Village or City Gordleting (No | St.: Ward) St.: Ward) (If death occurred In o hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mornie 4 WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH // 28 , 198 3 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I ottended the deceased from 1920. to 1930, that I last saw here alive on 5/3, 1930, |
| 7 AGE O'/ yrs. 9 mos. 26 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Duretion) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Maryland' 10 NAME OF FATHER | Contributory Secondary (Durstion) Transmos Movulo MyDa |
| 11 BIRTHPLACE OF FATHER (State of country) Manyland 12 MAIDEN NAME | *State the Diseaso Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Suise Totolom 13 BIRTHPLACE OF MOTHER (State or Country) Manylang | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. In the State yrs ds. Where was disease contracted, |
| (Informant) P. Hudorn (Address) Stockton Mad | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 9 DATE OF BURIAL 9 DATE OF BURIAL 9 DATE OF BURIAL |
| 15 Filed 3/25 19230 REROY Sellet | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age, Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature The contributory " Shock, Measles; etc., of

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. gaged in domestic service for wages, as Scrvant, Cook, en at home, who are engaged in the duties of the Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Furm luborer, Laborer-Coal mine, etc. Womworked on may form par; of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc etc., without more precise specification as Day For many occupations a single word or term on As examples: (a) The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrol spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia")

BURRAU

ment of eause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL scpiicaemia," "PUERPERAL peritonitis," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or Poisoned by carbolic acid-probably suicide. The nataken. For VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." ctc., when a definite discase rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." symptomatie), "Atrophy," "Collapse," "Coma," eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; (e. g., sepsis, tctanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Measles "Апасміа" heart discase; by railreay Mensies; terminal (second-(disease (mercly "Сод-

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V. S. No. 1

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| PLACE OF DEATH | 04757 STATE OF MARYLAND |
|--|--|
| County Worsester | CERTIFICATE OF DEATH |
| | Registration Dist. No. 45-2 |
| Village or City Ocean City (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.) |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | abril (Month) 17 (Day 930 (Year) |
| 6 date of birth Unknown, 1890 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) 7 AGE [If LESS the | - / 1 D |
| 40 yrs. Uman ds. or min | s. The CAUSE OF DEATH * was as follows: |
| 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Themorrioge |
| business, or establishment in which employed or (employer) | (Duration yrs. mos / 3 de |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary Ourging yrs. mos. |
| 10 NAME OF | (sind) Human & for uson p |
| James S. Bradford | charl 8:30/ Laga Coly top |
| OF FATHER Construction of State or country) Maryland | *State the Visease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Ellen Williams | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of death yrs mos ds. State yrs these of death yrs ds. |
| 14 THE ABOVE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) George Jackson | Former or usual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Ocean City Md. | Jackson Cemetery April 18. 1930 |
| Filed 4/15 192 30 S. Munfor | J. W. Burbage Berlin Ma |
| If more branks are needed, address State Registr | ar, 18 W. Saratoga St., Balto., Roquesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, eve. woinen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed ,,, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer--Coal mine, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptominges. perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can he ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" ("Congenital," Whooping Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi interstitial nephritis, cough; or intercurrent) 9 9 "Heart failure," "Haemorrhage, Chronic affection need etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

| PLACE OF DEATH | 13442 STATE OF MARYLAND |
|--|---|
| County Hoscester | CERTIFICATE OF DEATH |
| | 0 |
| The I work | Registration Dist. No. 22 |
| Village or City Kensola Vilo. | St: Ward) (If death occurred In a hospital or institu- |
| | tion, give its NAME is - |
| 2FULL NAME | stend of street end number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| WIDOWED. | July 1000 |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 / I HEREBY CERTIFY, That I attended the deceased from |
| 1reh 1/ 1950 | 192 A to 192 , |
| (Month) (Day) (Year) | that I last saw here alive on |
| 7 AGE If LESS than | and that death occurred on the date stated above, atm, |
| l day hrs. | The CAUSE OF DEATH * was as follows: |
| yrs,ds. ormin.? | |
| B OCCUPATION (a) Trade, profession or | mann |
| particular kind of work | tellon |
| (b) General nature of industry business, or establishment in | |
| Which employed or (employer) | (Duration) mos ds. |
| 9 BIRTHPLACE | Contributory |
| (State or country) Tromoke by Ma | (Duration) yre/ mos ds. |
| 10 NAME OF | (1) Las loseres |
| FATHER Danie Telin | (Signed) M. D. |
| on II BIRTHPLACE | 1928 p(Address) . F Court Ly |
| State or country) Seem Itele | AState the Discase Causing Death, or, in deaths from Viblent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER! | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- |
| a IS BIRTHPLACE | ients r Recent Residents) |
| OF MOTHER | At place In the State yrs |
| (State or country) | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Emelot - Cl - Jemes | Former or usual residence |
| (Informant) (1) Process | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| (Address) Lot om the Caty mel | Halls Still 3/12, 19 30 |
| 15 . 3/17 . 21 /6 / Adars | 20 UN DERTAKER DERESS |
| Filed 19236 E J Gard | Emila Jamo pressnote |
| If more blanks are needed, address Ltate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., William, Laborer, Laborer, laborer, Farm loborer, Laborer gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day -Coal minc, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre shopneumonia (seeondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Nomenclature Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

| X | , | PHYSI- Exact |
|---------------------------|-------------------------------|--|
| (| ECORD | erly classified |
| BINDING | A PERM ENT | E should be state at it may be prop |
| RGIN RESERVED FOR BINDING | NFADING INKTHIS IS A PERM ENT | d be carefully supplied ACE should be stated EXACTLY, PHYSI- |
| RGI | VFAL | d be |

PLACE OF DEATH County Wirecuter Village or City Mr Qecun Pily (No. 2FULL NAME PERSONAL AND STATISTICAL PARTICLL ARS 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH WIDOWED CR DIVORCED (Write the word) 6 DATE OF BIRTH instructions (i.i onth) and that death occured on the date stated above, at 7 AGE LESS than I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE RENTS OF FATHER CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME state C 4 OF MOTHER ients or Recent Residents) 13 EIRTHPLACE At place OF MOTHER of death (State or country 0 Where was disease contracted. pinor if not at place of death? usual readence (3) Every it CIANS stateme 20

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30

Ward) (If death occurred in a hospital or institu-tion, give its NAME is stead of street and Lumber.)

MEDICAL CERTIFICATE OF DEATH

(Duration)

*State the Disease Causing Death, or, in deaths from Violent Causs, state (1) Means of injury and (2) whether

18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans-

In the

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er,' etc., without muce re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: " additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement cases, especially in industrial employments, it is neces-Civil engineer. Stotionary fireman, et. Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Automobile factory. The Locomotive engineer, But in many (b) material (irocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchorneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sequences) tetanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic valvular heart disease; etc. The contributory Nomenelature Sarcoma,, etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the cartificate as permanently filed.

V. S. No. 1

| PLACE OF DEATH | OSASS STATE OF MARYLAND |
|---|--|
| County Worcesle | CERTIFICATE OF DEATH |
| Oreas 1 , | 75-0 Registration Dist. No. 357 |
| Village or City from Hell (No. | St.: Ward) (If death occurred in |
| 2 FULL NAME William T. Ja | a hospital or institu- tion, give its NAME ir- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Maried, Marnied, Marniew OR DIVORCED (Write the word) | 16 DATE OF DEATH July 19 0 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That attended the deceased from |
| 1848 Know 1848 | My 13 1980 . 10 They 19 , 1920 |
| (Month) (Day) (Year) | that I last paw h Millive on My 19, 193 (), |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 8 Pmm, |
| 09 1 day hrs. | The CAUSE OF DEATH * was as follows: |
| Of yrsmosds. ormin.? | \mathcal{A} |
| B OCCUPATION (a) Trade, profession or particular kind of work | Dunephlegis, Course unknown |
| (b) General nature of industry | |
| business, or establishment in | (Duration)yrsrnosde, |
| which employed or (employer) | Contributory |
| State or country) Maryland, | Secondary Duration) Tro |
| 10 NAME OF FATHER PRICELE R SESTER | (Signed) Duy M. D. |
| () II BIRTHPLACE | (Address) Dilly # FUC |
| OF FATHER (State or country) | Vided the listase Causing Peath, or, In deaths from Vided Causes, state (1) Means of Injury and (2) Whether Actidental, Suicidal or Homicidal. |
| of MOTHER Sallie a Rearborney | B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | At place in the |
| OF MOTHER (State or Country) | of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Larro Trutto | Former or usual residence |
| (Address) Snow Hill. | Gendleting Ind. July 21, 198 |
| 15 Filed 7/20 1930 LEROY Swith | 20 UNDERTAKER ALDRESS SNOW HIL |
| If mure blanks are needed, address Ltate Kegistrai | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Scrvant, Cook, housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," etc., Spinner, (b) Cotton mill; (a) (a) Foreman, (b) Automobile should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Salesman. (b) Grocery; factory. The material Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic etc. The contributory affection valvular heart need not be Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

14

V. S. No. 1

ż

| PLACE OF DEA | 1111 | | STATE OF MARYLAND |
|--|--|--|--|
| County Work | slix | 05995 | CERTIFICATE OF DEATH |
| MITHIR COLFORA | TE LIMITS AN | 740 | Registration Dist. No. 357 |
| Village or City & | ow Hell (No. | | St: Ward) (If death occurred in |
| ² FULL NAME, | A Eveline for | huson | a hospital or institu- tion, give its NAME in- stend of street and number.) |
| PERSONAL AND | STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR | OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | Thou ST | Month) (Day) (Year) |
| 6 DATE OF BIRTH | Sout Know, | may 3 HEREBY | Y CERTIFY, That I attended the deceased from |
| ************************************** | (Month) (Day) (Year) | that I last saw h | Lalive on May 518, 1950, |
| 7 AGE | If LESS than | | rred on the date stated above, at 7500 m. |
|)2 | mos. ds. l day hrs. | | TH * was as follows: |
| 8 OCCUPATION | | 18.0 0 T | Frank) William Strank |
| (a) Trade, profession or particular kind of work | Home - | regald an | ser, men allan |
| (b) General nature of in- | | armello al | The second second |
| business, or establishmen | | | (Duration) 2 yrsmosds. |
| BIRTHPLACE A | loyer) | Contributory | *************************************** |
| (State or country) | January of | Secondary | $O(n \cdot \Omega)$ |
| 10 NAME OF | 0 0 0 | | (Duration) yrs. mos. ds. |
| FATHER OF | 100 & Johnson | (Signed) | Den Man Mil |
| OF FATHER | 16 | 7 | A. (Address) North Company |
| OF FATHER (State or country) 12 MAIDEN NAME | Del. | Violent Causes, st Accidental, Suicidal | viscase Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal. |
| of Mother | Land Johnson | | SIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | | ients or Recent Re | In the |
| OF MOTHER (State or Country) | manland. | of deathyrsn | nosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO | THE BEST OF MY KNOWLEDGE | Where was disease cont if not at place of dea | |
| (Informant) | Jamis Smith | Former or usual residence | |
| (Address) | fow Hill Ing. | Show A | till May 8 , 1932 |
| 15 Filed 5/6 1 | 930 LEKoy Swith | 20 UNDERTAKER | ADDRESS |
| If more | bianks are needed, address State Registrar | r, 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |
| | | | |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, not gainfully em-But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (secondary Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

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(State or Country) 14 THE ABOVE IS TRUE TO THE BEST

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Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registra

If more banks are needed, addre/ State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist No.

| | Megistration 2 | |
|------|---|---|
| 0 | St.: Ward) | (If death occurred in a hospital or institu- tion, give its NAME in stead of street and |
| n | nou. | number.) |
| | MEDICAL CERTIFICATE C | F DEATH |
| | 16 DATE OF DEATH | |
| | lug | 2 , 1930 |
| | (Moroh) | (Day)(Year) |
| | 17 I HEREBY CERTIFY, That I atte | |
| 30 | ang / 1930 a | |
| ar) | that I last saw her alive on aug. | |
| than | and that death occurred on the date stated | above, at |
| hrs. | The CAUSE OF DEATH * was as follows: | |
| | | |
| | Cholera Infant | |
| | Cholera Layani | im |
| | (Dylation) | yramos 5 / de. |
| | Contributory Mal Rutin | han _ |
| | (Duration) | yrsds. |
| | (Signed) La Hollan | M. D. |
| | aug 2 180 (Address) Best | |
| | State the lis ase Causing Death, Vicent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal. | or, in deaths from ury and (2) Whether |
| | 18 LENGTH OF RESIDENCE (For Hospitients or Recent Residents) | ais, Institutions, Trans- |
| | At place In the of deathyrsmosds. State | yrsmosds |
| _ | Where was disesse contracted, if not at place of dea h? | |
| | Former or usual residence | |
| | 19 PLACE OF BURIAL OR REMOVAL | DATE-OF BURIAL |
| 3. | Bishopville | Jug 3., 1930 |
| | 20 UNDERTAKER | ADDRESS . |

PERSONAL AND SSINGLE, COLOR OR RACE WIDOWED.
OR DIVORCED
(Write the word) 6 DATE OF BIRTH Maur (Month) (Day) 7 AGE IIFLESS I day 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER PARENT (State or country) 12 MAIDEN NAME 13 BIRTHPLACE

No.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neecs-sary to know (a) the kind of work and also (b) the tion applies to each and every, person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Puysician, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) without more precise specification as specifically the occupations of persons en-Compositor, Architect, Locomotive For persons who have no occupation Salesman, single word or term on 9 materia. engineer, Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ezhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi eausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, Examples: Aecidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Committee on Chronic and consequences (e.g., sepsis Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Ir on 1011 Registration Dist. No. 35/ St.: Ward) (If death occurred in a hospit I or instituly classificate. tion, give Its NAME is -stend of street and number.) 000 PERSONAL AND STATISTICAL PARTICULARS MIDICAL CERTIFICATE OF DEATH 5 FINGLE. 4 COLOR OR RACE! 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED 0 OR DIVORCED (Day) ay (Write the word) BINDI I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (.. onth) (Day) (Tear and that death occured in the date stated above, at 0 fLESS than 7 AGE L day hrs. The CAUSE OF DEATH * was as follows: mos. Ш BUCCUPATION (a) Trade, profession or particular kind of work Ш (b) General nature of industry TD. III in pla business, or establishment in ul (Duration)yrs..... m ·s 0 which employed (r (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (state or country (Duration) mos..... ш 10 NAME OF 0 (Signed) FATHER 0 (1) 固 tite the I is ase Causing I eath, or, in deaths from Violent Caus s, state (1) Mans of Injury and (2) whether Accidental, Suicidal or Homicidal. 的黑 Z (State or country 20 12 MAIJEN NAME C 18 L-NGTH OF RESIDENCE (For 1 ospitals, Institutions, Trans OF MOTHER DA inform state ccup/ ients or Recent Residents) 13 CIRTHPLACE In the At place OF MOTHER yıs...... mos. ds. State .. of death 00 Where was disease controcted, if not at place of death? of shou Former or usual res.dence...... (1) 77 10 Eve If more blanks are needed, address State Registrar, 16 W. Saratoga St., Luito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. I rmer or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'"'Foreman," "Manager," 'Dealshould be used only when needed. As examples: Civil engineer. Stationery foreman, at . But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc Housemaid, etc. If the occupation has been changed report For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation 'a the kind of work and also (b the Salesman. Locamotive engineer, (6) (irinty,

EASE CAUSING DEATH (the primary affection with respect to time and causaton), using always the same accepted term for the same diselse. Framples: Cerebrospinal fever (the only definite synonym is "indemic cerebrospinal menic, itis"); Diphtheria (avoid use of 'Croup'), Typhoid fever (never report "Typhoid Pneumonia"; Lobar meaumonia. Bronchopmenmonia "Pneumonia";

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., setwis, telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICE AL, taken. FOR VIOLENT DEATHS state MEANS OFINJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease affection etc. The contributory valvular heart Nomenclature need not be · · elc.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County prostu 101-0 Registration Dist. No. 35-2 c.assified. (If death occurred in St.: Ward) Village or City a hospit i er instituproperly class tion, give its NAME in-stend of street and PERSONAL AND STATISTICAL PARTICIS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 - INGLE, 3 SEX 16 DATE OF DEATH MARRIED, 00 WIDOWED CR DIVORCED (Day) (Write the word) I HEREBY CERTIFY. That I attended the deceased from BIND man n 6 DATE OF BIRTH that I last saw han alive on ... (Day) (Year and that death occured on the date stated above, at .. -fLESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: suppille mos. Ш tor 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in Li (Duration) 5 which emp'eyed (r (employer). Contributory 9 BIRTHPLACE Secondary MARGIN (State or country) (Duration) mos..........ds 10 NAME OF 0 (Address) 0 *'t.te the Disase Causing Peath, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether OF FATHER RENT SO CAU (State or countr Accidental, Suicidal er Homicidal. 18 L.NGTH OF RESIDENCE (For t.ospitals, Institutions, Trans-DA state ccup/ ients or Recent Residents) 13 EIRTHPLACE In the of death. (State or country) 00 Where was disease contracted, if not at place of death? shout 0.0 Former or tem usual res.dence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 00 AM 1, ma. mar. 19 Oto 23 UNDERTAKE 111 If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, played, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the Spinner, (b) additional line is provided for the latter statement : it nature of the business or industry, and therefore an the first line will be sufficient, e g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Deal-Civil engineer, Stationary fireman, et. But in many cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons ento know For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Cotton mill; (a) Salesman. For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Locomolive engineer, duties of the 6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "pidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup". Typhoid fever (never report "Typhoid Pneumonia"); Lobar procumonia Bronchopnenmonia "Pneumonia."

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N. B.

| 1PLACE OF DEATH County Worcester | STATE OF MARYLAND O5956 CERTIFICATE OF DEATH |
|--|--|
| | Registration Dist. No. 454 |
| Village or CitStockton (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED. MARRIED, OR DIVORCED (Write the word) | 16 DATE OF DEATH May 6th. , 1930 May (Month) 6 (Day) 1930 (Year) |
| October 9th., 1861 (Month) (Day) (Year) | 17 1 HEREBY CERTIFY, That I attended the deceased from 1930 to 100 100 100 100 100 100 100 100 100 10 |
| 7 AGE 68 yrs. 6 mos. 27 ds. or min. | . The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)ytsmos9_ds. |
| S BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Piham Jones 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Elizabeth M. Tull 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | Contributory Secondary (Durstion) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. When we disease captracted |
| (Informant) Mrs. John E. Jones (Address) Stockton, Md. Filed May 7 1920 Hours Registrar | Where was disease contracted, if not at place of death? Former or usual residence 18 PLACE OF BURIAL OR REMOVAL Episcopal Cemetary Stockton, Maryland. 20/UNDERTAKER ADDRESS POCOMOKE City Maryland. 18 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need not be valvular Nomenclature of the Always qualify all heart disease;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stend of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3.8EX COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED may (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at occurred The CAUSE OF DEATH * was as follows: RESERVEDmin.? 8 OCCUPATION (a) Trade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer) Contributor MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. HZ CAU (State or country 12 MAIDEN NAM 2 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) stat 13 BIRTHPLACE At place of death ______mos.__ In the OF MOTHER State (State or Country) 7 Where wes diseese contracted, Ino if not et place of dee.h?... Former or usuel residence. statem OF BURIA ADDRESS 20 UNDERTAKER If more branks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. A.

(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

| PLACE OF DEATH County Worcester Village or City Pocomoke City (No. R.F.D. # | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 2 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White Single, MARRIED, WIDOWED, OR DIVORCED IDOW (Write the word) | March 3rd., 1930 March (Month) 3 (Day)1930 (Year) |
| December 31st., 1867. (Month) (Day) (Year) | If HEREBY CERTIFY, That I attended the deceased from January 1920. to March 3, 150, that I last saw her alive on March 1, 1930., 192. |
| AGE If LESS than I day hrs. hrs. or min. or min. | and that death occurred on the data stated above, at 9.00 Am. The CAUSE OF DEATH * was as follows: Acute Dilatation of Heart |
| (a) Trade, profession or particular kind of work Housewife (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contributory Chronic Nephritis & Secondary Arterio Sclerosis |
| 10 NAME OF FATHER Luther Custis 11 BIRTHPLACE OF FATHER (State or country) Virginia. | (Signed) M. D. 3/4/30 192 (Address) Comoke City, Id. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Ada Grinnalds 13 BIRTHPLACE OF MOTHER (State or Country) Virginia. | B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted. |
| (Informant) James M. Custis (Address)R.D.#2 Pocomoke City, Md. Filed 3/4 1936 & Shorgis (Registrar | Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Nelson's Cemetary Accomac County, Va. March 5th 1930. 20 UNDERTAKER POCOMOKE City Maryland. |
| If more blanks are needed, address State Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, (b) For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Committee on Chronic ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature Always qualify all need not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| TENOL OF BEATTI | 3445 STATE OF MARYLAND |
|--|---|
| County Woreesler | CERTIFICATE OF DEATH |
| near of o.L | Registration Dist. No. 38 |
| Village or City Joenewkernouty | St.: Ward) (If death occurred in |
| 2FULL NAME Baby Lais | ter 1st Ivin stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 3/10 , 1930 |
| 6 DATE OF BIRTH | (Month)(Day)(Year) |
| march, 10 1930 | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 3 A.m. |
| yrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or | Dead born - so says |
| particular kind of work | midwife |
| (b) General nature of industry business, or establishment in | (Durstion)yrsmosds. |
| Which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary (Defation) de |
| 10 NAME OF New Laister | (Signed) LE Coy Swith & Kego. |
| of FATHER Mar Lob 752 | 37 11 1930 (Address) Second Alle, We |
| C (State or country) | *State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Ola Jester | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | ients or Recent Residents) At place In the State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) Selocia C. Perruell | Former or usual residence |
| (Address) Swow Hill Ma | George Town Com. 3/11 1930 |
| 15 Filed 3/11 19230 LE Roy Servit | 20 UNDERTAKER POCOCOOKE |
| If more bianks are needed, address State Registral | , 16 W. Saratoga St., Balto, Requesting Y S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory

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N. B.

| | 0.3446 |
|---|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| County Worcester | CERTIFICATE OF DEATH |
| near a DO'A | Registration Dist. No. 35/ |
| Village or City Vocacuoke No. 14 | St.: Ward) (If death occurred in |
| 2FULL NAME Baby Laiste | a hospital or institu- tion, give its NAME in- stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH 3/10 1930 |
| MIDOWED. OR DIVORCED (Write the word) | |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| mch 10 1930 | , 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE [If LESS than | |
| yrs. o mos. ods. or min. | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | med well |
| (a) Trade, profession or particular kind of work | |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration) yrs. mos ds. |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF New Laister | (Signed) LE Coy Secult M. D. |
| on 11 BIRTHPLACE | 3/11 1920(Address) Second Hell, My |
| Z (State or country) Norfolk | *State the Disease Causing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Ola Jester | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER OF MOTHER | ients or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds. |
| (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED CE | Where was disesse contracted, if not at place of dea.h? |
| Q.D. OPerson | Former or usual residence |
| (Informant) Allalla C. Vertille | 19 PLACE OF BURIAL OR REMOVAL |
| (Address) Show Hell, Mid | Georgetown Church 3/11, 1,30 |
| Filed 3/11 19230 LERoy Swith | mu Laister, Pococuose Ce |
| If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, laborer, Housemaid, etc. If the occupation has been changed " etc., without more process." Coal mine, etc. Womborer, Farm laborer, Laborer—Coal mine, etc. Womborer, Farm laborer, Laborer For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Locomotive engineer, But in many """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "(Transition," "Heart fauture," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) approved by Committee on (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| WRITE AIN: WITH | MARGIN RESERVED F | DING INKTHIS | carefully supplied. |
|-----------------|-------------------|----------------|-----------------------|
| WRITE | MARG | AIN: WITH UNFA | information should be |
| | V. 5. 100. 1 | WRITE | N. B Every item of |

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County | US /8 CERTIFICATE OF DEATH |
| Mar. 4 1 1-1 | Registration Dist. No. 35 |
| Village or City ocomobe 4No. | St.: Ward) (If death occurred in |
| 2FULL NAME Stellhow Chilo | St.: Ward) a hospital or institution, give its NAME in a steed of atreet and |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH January 4, 1939 (Month) 4 (Day) 19 468 |
| G DATE OF BIRTH Lace 4 1930 | I HEREBY CERTIFY, That lattended the deceased from |
| (Month) (Day) (Year) | that I last saw he alive on 1950 |
| 7 AGE If LESS than I dayhrs. | and that death occurred on the date stated above, at |
| yrs. mos. ds. or min.? | The CAUSE OF BEATA Was as Follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work | Link Knin |
| (b) General nature of industry business, or establishment in | |
| which employed or (employer) | (Duration) yre mos de. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion) yrs mos, ds. |
| 10 NAME OF Morrisa, Sawbertson | (Signed) 1.2. alums a.D. |
| U II BIRTHPLACE OF FATHER | 193 0 (Address) |
| CF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER obeyobeth forces | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Maryland | of deathyrsmosds, Stateyrsmosds, Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Morrisa, January | Former or usual residence |
| (Address) locomobale tylle, | Battest Cornellar Jud Jan. 5, 1930 |
| Filed / 4 10 0 Starting Registrar | 20 UNDERTAKER JADDRESS |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as ".Puerperal septicaemia," "Puerperal peritonitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ascident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need Example: Measles (disease

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PUREAU

| PLACE OF DEATH County Workelle Village or City Sund Stell (No. 2FULL NAME Calely Laws | St.: Ward) St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.) | |
|---|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 2/ | |
| Dift /0 , 1862 (Month) (Day) (Year) | that I last saw h Mu alive on Nov. 2-1 1978 | |
| 7 AGE Second Control Control | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: | |
| a. Trade, profession or Faruur | Auflige of makeion | |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos 3 ds. | |
| 9 BIRTHPLACE (State or country) Maryland 10 NAME OF Charles Laws. 11 BIRTHPLACE OF FATHER (State or country) Maryland | Contributory Secondary (Signed). (Durston) yrs. mos. ds. (Signed). (Address) Such Fiel M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. | |
| of Mother Sout Russ | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | |
| 13 BIRTHPLACE OF MOTHER (State or Country) Mary and | ients or Recent Residents) At place of deathyrsmos,ds. Where was disease contracted, | |
| (Informant) Mary Layer | if not at place of death? Former or usual residence | |
| (Address) Duby Hill. ma | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TON 23, 1930 | |
| Filed 11/2 2- 19230 LE Loy Swith | 20 UNDERTAKER ANDRESS Drow Hilles | |
| If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, arrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary freman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion,"—"Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Committee on Chronic etc. affection valvular heart disease; Nomenclature The contributory need not be etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMA WITH UNFADING INK--THIS IS A WRITE H

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcester | 02083 CERTIFICATE OF DEATH |
| WITH CON CRATE LIMITS BY | (47) Registration Dist. No. 35 |
| Village or City Drow Jfill (No. | St.: Ward) (If death occurred in |
| 2FULL NAME Edma J. Le | a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Fib: 1, 1, 20 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 / I HEREBY CERTIFY, That I attended the deceased from |
| tree 12 18/8 | ACOTO 1929. to JUI 1930, |
| (Month) (Day) (Year) | that I last saw h & alive on Felo, 1920, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 42, m. |
| l day hrs. | The CAUSE OF DEATH * was as follows: |
| 6 / yrs. / mos. / 7 ds. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work | Toarcinoma of ovdiastinum |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yra mog de. |
| | Contributory Carcinoma of Treast |
| 9 BIRTHPLACE (State or country) Manyland' | Secondary (Durstion) Jyrs |
| 10 NAME OF William Q. Johnson | (Signed) M. D. Jule / 1930 (Address) Sund Still Mil. |
| OF FATHER | |
| Z (State or country) (Manyland) 12 MAIDEN NAME | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER / James & Richardson | B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | |
| OF MOTHER (State or Country) Maryland | At place of deathyramosds. In the Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) 200. Wom & Powell | Former or usual readence |
| (Address) Snow Kiel, Ing. | PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930. |
| 15 Filed 2/1 1923 O LE Log Secult | W. J. HEann Snow Hil |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tircd 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustlon," "Heart failure, riacurous, "Shock, "Thanition," "Marasmus," "Old Age," "Shock, a Jaffaita disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustlon," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death approved by Committee on Nomenclature of the "Atrophy," "Collapse," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Chronic Example: Measles (disease "(Coma," (Convulsions," affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-

| County Wordster | 02034 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| | Registration Dist. No. 355 |
| Village or CityCanpbelltown (No. | St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and |
| 2FULL NAME Frank Lonord | stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWER WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 - 17-, 1936 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw healive on Son 192 |
| 7 AGE If LESS that dayhr yrs. whos. ouds. or min | s. The CAUSE OF DEATH * was as follows: |
| Toccupation (a) Trade, profession or particular kind of work | Chr. Hefhrilis |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion) yrs. mos de |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) 76 mos de |
| 10 NAME OF FATHER Frank Lenord | (Signed) - Clas. R. Jan. M. D. |
| U 11 BIRTHPLACE | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death yrs mos ds. State yrs these death where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Sianon Loured | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Perlin Md. | Classics Cenetery Feb. 20 . 19.30 |
| Filed 2/18 1930 MWALLS Registrar | 20 UNDERTAKER ADDRESS |
| | as, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cools, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many oecupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Stotionary fireman, etc. But in many For persons who have no occupation Automobile foctory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Tranition," "Heart lauure, Lacundings," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, Whooping cough; approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Committee on Chronic valvulor heart disease; etc. The Nomenclature of the contributory

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N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Warrester | CERTIFICATE OF DEATH |
| | (92) |
| 12 0. | Registration Dist. No. 362 |
| Village or City Bulin (No. | St.: Ward) (If death occurred in a hospital or institu- |
| S | tion, give its NAME in- stead of street and |
| 2FULL NAME William Lon | and in street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| WIDOWED. | June 5- , 198 30 |
| (Male (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Unknow, 1873 | Jun / 19230. to Juno 5 , 19220, |
| (Month) (Day) (Year) | that I last saw h realive on 1925th |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| l day hre. | The CAUSE OF DEATH * was as follows: |
| yrsmosde. ormin.? | |
| BOCCUPATION (a) Trade, profession or | abolie Insegnence |
| particular kind of work | 10 |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) Lap Collinar | (Duration)ds, |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Duration) 778, mos., mos., ds, |
| 10 NAME OF | In le Fland well |
| FATHER LIBRA Land | (Signed) D. |
| O 11 BIRTHPLACE | July 1921 (Address) Vanlew VION |
| CState or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| C 12 MAIDEN NAME | Accidental, Suicidal or Homicidal. |
| of MOTHER Williams | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| OF MOTHER (State or Country) | of death yrsds. State yrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 21 | Former or |
| (Informant) I saal Henry I. | usual residence |
| Bull: Oh. 2 | |
| (Address) / Sum (fluid | Phila. Pa. June 8, 1930 |
| 15 Filed hune 4 1920 IV. Macon ford | 20 UNDERTAKER ADDRESS |
| Lopus Registrat | J. W. Burbage Busting Jud |
| If more branks are needed, address State Registra | , 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

04107 end

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. approved by Committee on "Inanition," "Marasmus, Ou Age,
"Uraemia," "Weakness," etc., whon a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, etc. resulting from childbirth or miscarriage as "Heart failure," "Haemorrhage, Chronic The nature of the injury, valvulor heart diseose; Nomenclature Always qualify all The contributory not be

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| PLACE OF DEATH | | 10821 | STATE OF ! | MARYLAND |
|---|---------------------------------|---|--------------------------------|---|
| County workes | ter | 1000 | CERTIFICATE | |
| | was also see the conditional | (81) | Registration I | 555 |
| 1. 1 0. | 00. | | Registration I | Dist. No. |
| Village or City Whally | nelles | | St.: Ward) | |
| / | R. Da. | 1 4 | | tion, give its NAME in stend of street and |
| ² FULL NAME | rilly c | 3 dew | eo ' | number.) |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL | CERTIFICATE O | OF DEATH |
| 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. | 16 DATE OF DEATH | .001 + | |
| made what | WIDOWED. OR DIVORCED | *************************************** | ceps | 11 , 19230 |
| /www. | (Write the word) | * | (Month) | (Day) (Year) |
| 6 DATE OF BIRTH | | 17 HEREBY C | ERTIFY, That I att | ended the deceased from |
| march | 1883 | yvey | 120 to O | C/ 1 1923 |
| (Month | | that I last saw harm | alive on | y 10, 198 |
| 7 AGE | [If LESS than | and that death occurred | on the date stated | above at // A m |
| | I day hrs. | t . | | |
| 7 yrs. 2 | mos. ds. or min.? | | | |
| OCCUPATION | | | | |
| (a) Trade, profession or particular kind of work | | P. Res | 100. | - 14 |
| (b) General nature of industry | | | | - July |
| business, or establishment in hich employed or (employer) | Farmer. | , | (Duration) | yrs. mos da |
| 9 BIRTHPLACE | | Contributory | | |
| (State or country) | 1 | Secondary | | |
| I 10 NAME OF A | 9 | | (Duration) | nosds |
| FATHER | South | (Signed) | -u | M. D. |
| 11 BIRTHPLACE | | Sef 17030 | (Address) Bl | elen and |
| OF FATHER (State or country) | 2 | *State the Disea | se Causing Death, | or, in deaths from jury and (2) Whether |
| Z (State or country) 12 MAIDEN NAME () | 7 9 | Accidental, Suicidal or | Homicidal. | ury and (2) whether |
| OF MOTHER | Air con | | | als, Institutions, Trans |
| 13 BIRTHPLACE | 20000 | ients or Recent Resid | | |
| OF MOTHER | m l | At place of death yra mos. | In the State | eyrsds |
| (State or Country) | 100 | Where was disease contract | ed, | |
| 14 THE ABOVE IS TRUE TO THE BEST | T OF MY KNOWLEDGE | if not at place of death? | ****************************** | ************************************** |
| (Informant) Mr. Jan | errous e | usual residence | ************************ | |
| (miomant) | | 19 PLACE OF BURIAL | REMOVAL | DATE OF BURIAL |
| (Address) | lerling Ind. | Lewis Cerule | y Wellerdo | Sept. 12, 19 30 |
| 15 0/ 7 | Re, FA | 20 UNDERTAKER | / | ADDRESS |
| Filed 9/12 1950 | Registrar | Qw.B. | us loa | |
| | | 7 | to Reguesting V | No. 1. |
| If more blanks are | needed, address State Registrat | , 10 W. Saratoga St., Dai | to,, Requesting V. c | . 1 |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary firenum, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton without more precise specification as Doy Compositor, Architect, For persons who have no occupation mill; (a) Salcsman. person, irrespective of Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,")

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL, Or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S No.

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| PLACE OF DEATH. County Warcester | 08460 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| h 1. | Registration Dist. No. 33-2 |
| Village or City Bellin (No | St: Ward) St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MUDOWED MUDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Mynth) (Day) (Year) | 16 DATE OF DEATH (Month) 2 ((Day) 1930 (Year) 17 HEREBY CERTIFY, That I attended the deceased from 192 % to July 2 4/1930 , 192 that I last saw h malive on July 2 4/1930 , 192 |
| 7 AGE If LESS than I day hrs. or min. or min. | and that death occurred on the date stated above, at 9 1 m. The CAUSE OF DEATH * was as follows: Lone of follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MalDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Address) (Address) | Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Add |
| Filed July 29 1970 Continuing Registras | J. W. Burfage Birlin mg |
| If more blanks are needed, address State Negistra | 7, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1. |

02160

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materix should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report household only (not paid Housekeepers who rcceive a worked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation Locomolive engineer, ,"",Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite). Tuberculosis of lungs, men-inges, perilonaeum, etc., Larcinòma, Sarcoma, etc., of (Recommendations on statement of cause of (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJU.; Y origin; "Cancer" is less definite; avoid Chronic etc. The contributory affection need valvular heart disease; Nomenclature Measles ; not be

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RESERVED

MARGIN

V. S. No. 1

| | PLACE OF DEATH | 10820 STATE OF MARYLAND CERTIFICATE OF DEATH | |
|---|---|---|--|
| | A | 90 Registration Dist. No. 35-2 | |
| | Village or City Bellin (No. | St.: Ward) (if death occurred in a hospital or institu- | |
| | 2FULL NAME James Servis | tion, give its NAME in stead of street and number.) | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | male 4 COLOR OR RACE 5 SINGLE, MARRIED, turdover OR DIVORCED (Write the word) | 16 DATE OF DEATH S. 1980. (Month) (Day) (Year) | |
| | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from | |
| | (Month) (Day) (Year) | that I last saw halive on, 192, | |
| | 7 AGE If LESS that I day hrs I day | 3. The CAUSE OF DEATH * was as follows: | |
| | OCCUPATION (a) Trade, profession or particular kind of work | Carsião Brapay | |
| | (b) General nature of industry business, or establishment in which employed or (employer) Tarmer | (Duration)yrs,mosds, | |
| | 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) | |
| | 10 NAME OF FATHER Johns Lewis | (Signed) Charles M. D. Javo M. D. G. J. S. 1930 (Address) Bulin M. D. | |
| | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | |
| | OF MOTHER WIRE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | |
| | 13 BIRTHPLACE OF MOTHER (State or Country). | At place In the of deathyrs | |
| 1 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? | |
| | (Informant) Mrs. James Evans | Former or usual residence | |
| - | (Address) Beilin | Servis Cemetery Willy sold Sept 15 19 30 | |
| | Filed Sept 16 1950 IV mumford | 20 UNDERTAKER ADDRESS W. Burling Burling MR | |
| | If more branks are needed, address State Registra | ar. 16/W. Saratoga St., Balto., Requesting V. S. No. 1. | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the (b) Grocery.

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weukness," etc., when a definite disease stated unless important. tetanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; use of "Tumor" for malignant neoplasms); approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; I visoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is elsential and must be obtained before the certificate is permanently filed

PLACE OF DEATH STATE OF MARYLAND County Warushy CERTIFICATE OF DEATH Stated EXACTLY, P Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED be WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from IIf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: term ESERVE 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry a business, or establishment in 2 importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA (Duration) 10 NAME OF TD (Signed) FATHER 31 00 on tu OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury (State or country) 20 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER yrs.....ds. (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, addr as State Registrar, 16 W./Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). busines . that fact may be indicated thus; Furnier (the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Serrant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore ar sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as household only (not paid Housekeepers who receive a r," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day At school, or At home. Care should be taken For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery

Statement of Cause of Death—Name, first, the Disable Causing Death (toppimary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros hindle fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

On Recommendations on statement of cause of approved by Committee on . letinus) may be stated under the head of "contributory." stated unless important. inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of name origin; "Cancer" is less definite; avoid American Medical Association.) State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia." "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrluge, (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaomia," "PUERPERAL peritonitis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (mere!y symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as Chronic valvular heart disease; nephrilis, etc. The contributory Nomendature Always qualify all contributory

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| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| Comment of Mercelling | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS OF | 3.10 |
| | Registration Dist. No. |
| Village or City VIII (No | St.: Ward) (If death occurred in a hospital or institu- |
| vinage of City (No. | a hospital or institu- |
| Jones - | tion, give its NAME is stead of street and number.) |
| ² FULL NAME | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Legisco V | 16 DATE OF DEATH |
| 4 COLOR OR RACE MARRIED, WIDOWED. | 102 0 |
| OR DIVORCED | |
| (Write the word) | (Month) (Day) (Year) |
| 8 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| June 60 , 150 | 192 to 192, |
| (Month) (Day) (Year) | that I last saw har alive on 197 |
| 7 AGE / If LESS than | and that death occurred on the date stated above, atm, |
| I day hrs. | The GAUSE OF DEATH * was as follows: |
| yrsds. ormin.? | 90 0 0 19 19 . |
| BOCCUPATION | Instance asphyeria |
| (a) Trade, profession or | |
| particular kind of work (b) General nature of industry | |
| business, or establishment in | (Duration) yts. mos ds. |
| which employed or (employer) | HACK! I A. L. no Kysteralin |
| 9 BIRTHPLACE | Contributory |
| (State or country) | (Duration) vrs. mos. ds. |
| 10 NAME OF | 11.2 palores un |
| FATHER Surfer Massacra | (Signed) |
| 11 BIRTHPLACE | 1922 (Address) |
| | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| OF FATHER (State or country) | Accidental, Suicidal or Homicidal. |
| E 12 MAIDEN NAME OF MOTHER | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| a de la companya del companya de la companya del companya de la co | ients (Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of dea' yrsds. In the Stateyrsds, |
| (State or country) | Where was disease contracted. |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| 1 hours | Former or usual residence. |
| (Informant) SMAP/IME DZYY | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 100 x 7/30 km/ 0/A/1/ | M 1018/12/2016/21/20 |
| (Address) 1 J MOZV MANA | Stalls Stalls 19 19 |
| 15 Comote City, 1996 - 00% | 20 UN DERTAKER |
| Filed 6 2 19230 Registrar | Assend Jong Copy 1750 |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| If more blanks are needed, addres Ltate Registral | In the mutanous and mutanot traduction |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At sehool, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Weakness," etc., whon a definite disease "Exhaustion," "Heart manue, "Old Age," "Shock, "Transition." "Marasmus," "Old Age," "Shock, "Transition." American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury aecident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre shopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant ncoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Careinoma, Sarcoma, etc., o Whooping cough; Chronie unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report more symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, ," "Coma," "Convulsions, etc. The contributory valvular heart disease; not be

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STATE OF MARYLAND CERTIFICATE OF DEATH 0. Registration Dist. No. If death occurred in a hospital or instituroperiy class certificate. lon, give its NAME inmumber.) PERSONAL AND STATISTICAL PARTICULARS M DATE OF DEATH 1 COLOR OR RACE | 5 SINGLE, 3 SEX back WIDOWED (Day) bluods OR DIVORCED ay (Write the word) HEREBY CERTIFY. That I attended the deceased from BINDING it m 6 DATE OF BIRTH so that O (Mont (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. (0 (0) V. yrs. ds. or ... min. ? ter 99 OCCUPATION MARGIN RESERVED (a) Trade, profession or particular kind of work pial (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration)yrs.....mot - DEA hould OF DE 10 NAME OF (Sign of FATHER 192. (Address) 11 BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from OF FATHER 200 Violent Causes, state (1) Means of Injury: and (2) whether (State or country) Accidental, Suicidal or Homicidal O. 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstato C ients, or Recent Residents) 13 BIRTHPLACE In the At place of death ... yrs. ... mos. ... da. OF MOTHER State, yrs. mos. of o (State or country) Where was disease contracted, J.O 10 if not at place of death?... TO THE BEST OF MY KNOWLEDGE Every Itam CIANS shot statement hon Former or usual residence. OF BURIATION BEMOVAL DATE OF BURIAL ADDRESS if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

age. For many confidentions a single word or term on the first line will be sufficient, e. g., Fermer or Planter, business. In fact may be indicated thus: Farmer (restate occurring at 'exhaing of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in dementic service for wages, as Servant, Cook to report specifically the occupations of persons ployed as 11 school or At home. Care should be taken definite where a may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Farm laborer, Laborer-Coal mine, etc. Wom-Spinner: (b) Cotton will; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is previded for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, wiscially in industrial employments, it is neces-Civil or gimeer. Physician Comparitor, Architect, Locomotive engineer full. of various parents can be known. capation is reas important, so that the relative boulth whate your None. Household, etc. If the occupation has been changed worker! (a) Foregue, (b) Statement of Occupation -Precise statement of oe efc., wi non, more precise specification as Day to then and every person, irrespective of Home, and children, not gainfully em-For persons who have no occupation "lationary fromen, etc. Intomobile factory. The material But in many The ques-Grocery;

> conditions, such as "Astheria," ary), 10 de. Never report mere symptoms or terminal stated unle . important. Example: Measles (secondary or intercurrent) affection need not be inqualified, is indefinite); Tuberculosis of lungs, meningus, peritonaeum, etc., Carcinoma, Sarcoma, etc., of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury as fracture of skull, and conse-Poisoned by unbelie acid-probably suicide. The natrain accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Putterent septicaemia." "Putterent peritonitis," discuses resulting from childbirth or miscarriage as can be ascertained as all as "Uraemia," "Weakn.s.," etc., when a definite discase rhage," "Inanition" "Marasinus," "Old Age," "Shock," "Dropsy," "Exhausti n." vulsions," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ment of cause of death approved by Examples: Accidental drowning; Struck by railway Whooping cough; Chronic valvular heart discuse; Nomenclature of the American Medical Association.) .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congonital," "Senile," etc.), (Recommendations on state-"Heart failure." "Haemor ause Always qualify all "Anaemia" "Coma," Committee on Meastes; (second-(disease (merely "Con-

If this cortificate is lacked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| HYSI- Exact | PLACE OF DEATH County Worcester. | 10822 | STATE O |
|--|--|--|--|
| CORD ted EXACTLY, P parly classified ertificate. | Village or City Berlin. (No | guch. | Registrat |
| PERM ENT chould be stated it may be properly s on back of certif | PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) | MEDIC. 16 DATE OF DEATH 17 HEREBY that I last saw here | (Month) CERTIFY, That |
| NFADING INKTHIS IS A id be carefully supplied. ACE DEATH in plain terms so than y important. See instruction | TAGE If LESS than day hrs. or min.? | Contributory | |
| THE AIN WITH UNE stem of information should be should be cause of DE per of Occupation is very in | 10 NAME OF FATHER Labe Bennewell. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CANDULT HADDEN. 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. John Lynch. | *State the I) Violent Causes, st Accidental, Suicidal 18 LENGTH OF RE- ients or Recent Re At place of deathyrs | or Homicidal. SIDENCE (For 1: sidents) lossds. |
| IV SI | 2.1.0 | 19 PLACE OF BURIA | |

F MARYLAND TE OF DEATH

tion Dist. No. 95%

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

TE OF DEATH

deaths from (2) Whether

lospitals, Institutions, Trans-

In the State......yrs.....mos....

DATE OF BURIAL

Injury Add

20 UNDERTAKER

If more banks are needed, addre.s' Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to cach and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Nanager," worked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Automobile factory. The materia Locomotive engineer, But in many 6) Grocery, """Deal-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); In John fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondar/ or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage by Committee on cough; Chronic etc. The contributory affection need valvular heart Nomenclature "Shock," not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Macester | CERTIFICATE OF DEATH |
| Village or City Strobly No. Md | Registration Dist. No. St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in- |
| 2FULL NAME Stell Bix | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Color or race 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| AGE If LESS than | and that death occurred on the date stated above, at 10 P. m. |
| I dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | |
| (a) Trade, profession or particular kind of work | Jall Da Ja |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)yrs mosde. |
| BIRTHPLACE (State or country) Mary Cont | Contributory Secondary (Duration) |
| 10 NAME OF FATHER Samuel Jeagle | (Signed) Clary M. B. Serre 1921 (Address) Sur Blix Mg |
| OF FATHER (State or country) Marykard | *State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Jarova Manuel | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Marylany | At place in the of deathyrsmosds. Stateyrsds. |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of doa.h? |
| Marthethylar | Former or usual residence |
| (Address) Markey Mol | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL SUMMER 130 |
| 5 Filed July 6 1930 Harry Progrestras | 20 UN DERTAKER ADDRESS Huyelt Slivelly A |
| If more banks are needed, address tate Kegistrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

1 4001

(Approved by U.S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, tion applies to each and every fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Paysician, etc., airst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed Laborer-Architect, Salesman, -Coal minc, etc. Womperson, irrespective of Locomotive engineer, not gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar; pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably swicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasins); American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by Committee on for which surgical operation was under-Chronic Example: Measles (disease The nature of the injury, affection need not be etc. The contributory valvular heart disease; Nomenclature Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1 | PLACE OF DEATH County Norcester | 15447 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---------|--|--|
| | | 104a Registration Dist. No. |
| | Village or City Stocktow (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Male Lestored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH LLC 22, 1923.0 |
| | 6 DATE OF BIRTH Oct 14, 1929 (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from Alec. 2/, 1930, that I last saw handle on Alec 2/, 1950, |
| | 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 10 0, m. The CAUSE OF DEATH * was as follows: |
| Car and | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | Lobar Greumonia (Duration) yrs. mos 4 ds. |
| | 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration)de. |
| | 11 BIRTHPLACE OF FATHER OF FATHER OF FATHER | (Signed) 1011 M. D. M. D |
| | (State or country) Maryland. 12 MAIDEN NAME Pauline Manuel | *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents) |
| | OF MOTHER (State or Country) Mary land | At place of death |
| | (Informant) Pauline Manuel (Address) Stocktow Md | Former or usual residence |
| | 15 File Per 13 13 Hauf Marly Registra | 20 UN DERTAKER PLUMENT Stoobler |
| | If more banks are needed, address State Registrar | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers , who receive a laborer, Pigsician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully emyrs). Farm laborer, Luborer-Coul mine, etc. Wommany occupations a single word or term on specifically the occupations of persons en-(6) For persons who have no occupation Automobile factory. The materia As examples: (a) 6 The quesengineer, Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro" pneumonia, Broneho:pneumonia ("Pneumonia,

> approved by Committee on "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek, "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronie Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory Measles; not be

BURE rmahently filed. answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all qu stions

Exact B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMA K FOR IS WITH UNFADING INK-THIS MARGIN RESERVED WRITE ż

V. S. No. 1

| PLAGE OF DEATH | 0880 STATE OF MARYLAND |
|--|---|
| County Worcholes | CERTIFICATE OF DEATH |
| WITHIN COMPONETS LIMITS OF | Registration Dist. No. 347 |
| Village or City & now Hellino. | St: Ward) (If death occurred in a hospital or institution, give its NAME issued of street and |
| 2FULL NAME John XII W | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOFOR RACE 5 SINGLE, MARRIED, WIDOWED, Lingle OR DIVORCED (Write the word) | 16 DATE OF DEATH 19 , 1980 (Month) (Day) (Year) |
| 6 DATE OF BIRTH 97/07 14 1861 | 17 . I HEREBY CERTIFY, That I attended the deceased from 1929. to 1930. |
| (Month) (Day) (Year) | that I last sew h alive on 1930, |
| 7 AGE 68 yrs. 10 mos. 5 ds. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or Pulmy Janner | arjua Pertino |
| (b) General nature of industry business, or establishment in | (Durstion) Z, yrs, mos, ds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) |
| 10 NAME OF FATHER Those Inarsh | (Signed) Maruly Tungo M. D. |
| OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Sont Snow | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. ln theyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dee.h? |
| (Informant) Am Acrotin Worms | Former or usual residence |
| (Address) Snow ofier. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed 1/21 19230 LE Roy South | 20 UNDERTAKER ADDRESS THEaren during Hill |
| If more hanks are needed, addre a State Registrar | . 16 W. Saratora St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Iaemorrange,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," (secondary as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy,
> "Heart failure," "Haemorrhage, Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND County Marces CERTIFICATE OF DEATH Registration Dist. No. 3 Ward) naishai PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) BIND 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION te (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in .(Duration)yra.....mos... 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DA (Duration) OO 10 NAME OF (Signed) 31 0 A. (Address). OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) TIOIT 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) stat 13 BIRTHPLACE At place In the OF MOTHER State.....yrs.....mos.... of deathyrs......mos......ds. (State or Country) 0 0 Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. CIANS sho statement usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Registrar If more bianks are needed, address the Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred In a hospital or institu-

tion, give its NAME in-stead of street and

DATE OF BURIAL

number.)

(Day)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mune, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "Puerreral septicaemia," "Puerreral peritonitis," etc. "Debility" ("Congenital," "Senile," etc.], "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VICLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) Chronic interstitial nephritis, unqualified; is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomendature as fracture of skull, Whooping "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valendar heart disease;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed

NOV 4 1930

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PLACE OF DEATH

| County Morcester | CERTIFICATE OF DEATH |
|--|---|
| | 9C Registration Dist. No. 2574 |
| Village or City Stockton (No | St: Ward) (If death occurred in a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Nale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) | ed November 9th., 1980. November (Month) 9th. (Day) 1930 (Year) |
| December 26th, 1847 (Month) (Day) (Year | 17 Of HEREBY CERTIFY, That I attended the deceased from |
| AGE 82 yrs. 9 mos. 13 ds. or min CCCUPATION a) Trade, profession or articular kind of work Oyster Dealer b) General nature of industry | an and that death occurred on the date stated above, at .3.00 Pm. |
| usiness, or establishment in Retired 5 Years hich employed or (employer) Retired 5 Years BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) |
| 10 NAME OF FATHER William Warshall 11 BIRTHPLACE OF FATHER (State or country) Waryland | (Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Anne Franklin 13 BIRTHPLACE OF MOTHER (State or Country) Naryland | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds. |
| (Informant) Mrs. Wm. H. Marshall | Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1. COMPUTERLY |
| (Address) Stockton, Md. 5 Filed Nov 12 1030 Harry Franke | Pocomoke City, Md. Nov. 12th, 1930 20 UNDERTAKER ADDRESS OCOMOKE City Maryland. |
| If more branks are negded, address tate Regist | rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when necded. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., <u>a</u> Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATE, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease cough; ," "Heart failure," Chronic Example: Measles (disease etc. The valvular heart disease; Nomenclature " "Ilaemorrhage, contributory not be

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03447

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration Dist. No. 35 | 0/ |
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In owstill med

| 1. ,,, | Registration Dist. No. 30 |
|--|---|
| Village or City Gudlettee (No | St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 BEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Single WIDOWED: OR DIVORCED (Write the word) | 16 DATE OF DEATH Meh. 2/, 19230 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Mch 29, 1929 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Mc 21 1923 A. to Mc 21 , 1923 A. that I last saw haralive on Mc 2 2 , 1923 3, |
| 7 AGE | and that death occurred on the date stated above, at |
| 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Brancha Parlumana |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos. J. J. de, |
| 9 BIRTHPLACE (State or country) Maryland | Secondary (Duretion) yrs. mos. ds. |
| 10 NAME OF THE MASON | (Signed) M. D. M. |
| OF FATHER (State or country) Maryland | *State the l'Is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME SETTINGE Budson | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Mary Land, | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | If not at place of dea.h? |
| (Informant) Use Mason (Address) Stockston Mid | Coolinging Cem 3/22, 19 |
| 15 Filed 3/2/ 19230 REROY Swith | 20 UNDERTAKER ADDRESS Som & Williams Snowsfull ME |

No. 1

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If more b.anks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation laborer, Farm laborer, Luborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate, occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH housemuid, etc. If the occupation has been changed g ged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Paysician, Compositor, tl : first line will be aufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a or especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Day Manager of the Manage single word or term on The ques-

Strtement of Cause of Death—Name, first, the DIS-EA AURING DWATH (the primary affection with respect to time and eausation), using always the same accepted term for the same diserse. Examples: Cerebrospinal ferer the only definite synonym is "Epidemic cerebros; inul meningitis"; Diphtheria (avoid use of "Croup"); Typhoid forer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonihis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (seeondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved by (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underean be ascertained as the eause. Always qualify all inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Drcpsy,"
> ," "Heart failure," "Haemorrhage," Committee on Chronic and eonsequences (e.g., sepsis, valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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FOR

MARGIN RESERVED

S. No.

| 1PLACE OF DEATH | 0891 STATE OF MARYLAND |
|--|---|
| County Worcesler | CERTIFICATE OF DEATH |
| | Registration Dist, No. 852 |
| man line | Registration Dist. No. |
| Village or City Derlie (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME Any Massey | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| wide Col Widowed, OR DIVORCED (Write the word) | 1920 - 1920 |
| B DATE OF BIRTH | (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from |
| unknown 1855 | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 3Am. |
| 75 yrsds. orin.? | The CAUSE OF DEATH * was as follows: |
| R OCCUPATION | The A A and a feel |
| (a) Trate, profession or particular kind of work | James No. |
| (b) General nature of industry | the hephrics |
| business, or establishment in which employed or (employer) | (Duration)yrs ds. |
| BIRTHPLACE (State or country) | Contributory Secondary |
| Margand. | (Duration) mosde, |
| 10 NAME OF FATHER 1110 | (Signed) M.D. |
| 11 BIRTHPLACE | 1-13-1930 (Address) 3 www Md |
| OF FATHER (State or country) Maryla, A. | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER S. L. A. D. P. T. | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER (State or Country) Marifaud. | At place of death yrs des. In the State yrs des. |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| Al man | Former or usual residence |
| (Informant) howas Massey | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Berlie Mid. | Puruell's Ceruler Jan. 13, 1930 |
| 5 Filed Jan 2 1980 Did mentad | 20 UNDERTAKER ABDRESS |
| Filed Jan 2 1930 Registrar | J. W. Burbage Duilen Md. |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

information should be earefully supplied. ACE enough is a size RXACTLY, P. YSI-It state CAUTE DE ATH in pile in terms so it stitments proverly classifications. Xeat PEI / 7 51 51 1-31 DY DA WY -1 16 18 W Bi Jode MO J MVLE B-E/00/2

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TOSX.

REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISPASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemun, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) engineer" Grocery;

spinal meningitis"); Diphtheria avoid use of "(Troup"); Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect ed te: n for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia causation), using always the same accept-"Pneumonia,"

> telunus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.], "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," stated unless important. Whooping coggi, Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and eonsequences (e.g., sepsis, curbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Possoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., whon a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart discase; Example: Measles (disease etc. The contributory Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed H. this certificate is looked over thoroughly and all questions

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| - Parent | 2F | ULL NAN | ME Th | RMO | s Mass | еy |
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| | Male | 7 9.5 | or or race | WII | IGLE, RRIED, DOWED, DIVORCED ite the word | Wid |
| - | DATE OF B | | 1144 | | | |
| | | | Unknov | vn | | ., 1.8 |
| | | 000,440,0000 | (Month | | (Day) | (5 |
| 7 A | AGE | | 2.0 | . 10 | .) | If LESS |
| p (1 b w | | profession ind of wo nature of establish oyed or (es | or ork industry | Fa | | or |
| p (1 | a) Trade, particular k b) General business, or which emplo BIRTHPLAC (State or | profession ind of wo nature of establish oyed or (establish | or ork industry ment in mployer) | | | |
| p (1 | a) Trade, particular k b) General cusiness, or which emplo BIRTHPLAC (State or 10 NAME FATHE | on profession ind of wo nature of establishm oyed or (establishm oyed or (establishm) OF | or ork | ryl | rmer | |
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| RENTS & GO | a) Trade, justicular k b) General usiness, or which emple BIRTHPLAC (State or 10 NAME FATHE 11 BIRTHI OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO | on profession ind of wo nature of establishmoyed or (establishmoyed or (establishmoyed or (establishmoyed or (establishmoyed or (establishmoyed)) OF R PLACE THER THER | or or ork | aryl ua l land | rmer and sssey | |
| PARENTS 6 N q 1) d | a) Trade, justicular k b) General usiness, or which emple BIRTHPLAC (State or 10 NAME FATHE 11 BIRTHI OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO (State | on profession ind of wo nature of establishmoyed or (establishmoyed or (establishmoyed or (establishmoyed)) OF R PLACE THER OR COUNTRY PLACE THER or Country | or or ork | arylua i lance Ri | rmer and sssey | |
| PARENTS 6 N q 1) d | a) Trade, justicular k b) General usiness, or which emple BIRTHPLAC (State or 10 NAME FATHE 11 BIRTHI OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO (State | on profession ind of we establish oyed or (establish oyed oyed oyed oyed oyed oyed oyed oyed | or or ork | lande Ri | and assey der | |

90 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 332

| NAME Thomas Massey | St.: Ward) (If death occurred in a hospital or institu- tion, give its: NAME in- stead of street and number.) |
|--|---|
| L AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Feb. 11, 1930 , 192 (Month) (Day) (Year) |
| Unknown , 1 855 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 75 yrs. ds. If LESS than I day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| ssion or of work re of industry olishment in or (employer) FERMOR | No Dr. in attendance Deed suddenly frontably don to heart elisease (Euro Burston) yes mos do. |
| Joshua Massey | Contributory Secondary (Duration) (Signed) (Signed) (Address) |
| untry) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Hettie Rider E Imprime Maryland TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| Bllen Henry | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| - 13 1930 I V Mumfrel | Durnells Cemetery Feb. 13., 1930 20 UNDERTAKER ADDRESS J.W.Burbage Berlin M.D. |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the or given up on account of the DISEASE GAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a yrs). without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on tclanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL pertlonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY ean be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Chronic valvular heart discase, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

| ď. | | PLAC | CE OF D | EATH | | | | |
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15496

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 351

St: Ward) (If death occurred In a hospital or institution, give its NAME Is stead of street and number.)

| | MEDICAL CERTIFICATE OF DEATH |
|----|--|
| | 16 DATE OF DEATH DLC. 29_, 19330. |
| = | (Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from |
| / | , 192, to, 192, |
| | that I last saw halive on, 192 |
| n | and that death occurred on the date stated above, at 7.15 Pm. |
| 3. | The CAUSE OF DEATH * was as follows: |
| 5 | no doctor in allendance |
| | Had been laking medicine |
| • | for indigestions Complain |
| | ed of severe passes sel breash |
| | and side, Sat down and |
| | Secondary and is 5 revisables? |
| | Chrobably augura Pectoria. |
| | (Signed) PEROY Schill - K. Reg - M. D. |
| - | 1/1 1931 (Address) Seever diel md- |
| _ | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| _ | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| | At place of deathyrsmosds. In the Stateyrsmosds. |
| | Where was disease contracted, if not at place of dea.h? |
| (| Former or seual residence |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | Cool string Cene Jan 1 . 19.3. |
| | 20 UNDERTAKER ADDRESS |
| | William & Williams Snowthite |
| | come of the property of the pr |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooli, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-6 For persons who have no occupation Automobile factory. The single word or term on (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Heart failure," Example: Measles (disease "Senile," etc.), "Dropsy, ," "Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

S. No. 1

| PLACE OF DEATH | 0879 STATE OF MARYLAND |
|---|---|
| County Wallste | CERTIFICATE OF DEATH |
| | Registration Dist. No. 353 |
| Village or City Bishopville Md (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME is |
| 2FULL NAME Blle G. M. Ken | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| femals White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 28 , 193.0 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that last saw her alive on Jan 2 P, 1920. |
| 7 AGE IIILESS than | and that death occurred on the date stated above, at |
|) 2) I day hrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. 2 ds. or min.? | according to Pyrifter |
| (a) Trade, profession or | The has capter y her |
| particular kind of work Moseschuspung | stomatt 0 |
| business, or establishment in which employed or (employer) | Perhofo for mos ds. |
| 9 BIRTHPLACE | Contributory |
| (State or country) | Secondary (Duration)yrsmosds. |
| 10 NAME OF FATHER, A | (Signed) OR P G alfins M. D. |
| 11 BIRTHPLACE | Jan 2 9 1930 (Address) Gishopiele Ind |
| C (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Colle C. Ducker | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place |
| OF MOTHER (State or Country) | of deathyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| and Bland make | Former or usual residence |
| (Informant) (Aug and 11 1) known of | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Jely Williams | Brotherhood Cemetery Jan 30, 1980 |
| Filed 192 | 20 UNDERTAKER ADDRESS |
| Registrar | V.W. Walcon & Son Selvelle |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Housemaid, etc. Foreman, For many occupations a Or yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; , (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed single word or term on not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ethaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection " "Marasmus," "Old Age," "Shock," Chronic valvular heart etc. The contributory need not disease;

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| | WRITE NINE |

| | PLACE OF DEATH County WORCESTER | STATE OF MARYLAND CERTIFICATE OF DEATH |
|-----------|--|--|
| | Village or City NOW HILL MY (No. | Registration Dist. No. 35/ St.: Ward) (If death occurred in a hospital or institu |
| ricate | 2FULL NAME BABY BUY MS | Kin Now stead of street and number.) |
| Cert | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ack or | MALE COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) IN G/E | 16 DATE OF DEATH , 192 , 192 , 193 , |
| d no su | Aug. 29, 1930 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| struction | (Month) (Day) (Year) 7 AGE If LESS than I day | and that death occurred on the date stated above, at |
| 269 1 | 8 OCCUPATION (a) Trade, profession or particular kind of work | TREMATURE BIRTH. |
| ortant. | (b) General nature of industry business, or establishment in which employed or (employer) | Contributory LACK OF CAPE |
| dull ki | State or country) Worces ter Md. | Secondary (Duration) 4hr-10 mai. |
| 20 00 | FATHER Archie Mª KINNUN | (Signed) M. D. M. |
| | OF FATHER (State or country) North CARdina 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 4 | OF MOTHER WOSALIE WEID | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the |
|) . | (State of Country) V (G N N N N N N N N N | of deathyrsds. Stateyrsds. Where was disease contracted, if not at place of dea.h? |
| ۱۱ م | (Informant) Archie Melinnon | Former or usual residence |
| | (Address) Sniw Hill- Md, | Ebenger Cun Date of Burial Stenger Cun Day 30, 19 |
| | Filed 8/30 19230 RECoy Seell Registrar | oundertaken Address Anowith |
| | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (secondary or intercurrent) affection need not Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic statement of cause of death Example: Measles (disease etc. valvular heart disease; The contributory Always qualify all

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No. σå

| PLACE OF DEATH | 08461 STATE OF MARYLAND |
|--|---|
| County Woreester | CERTIFICATE OF DEATH |
| | (29) Registration Dist. No. 31-2 |
| Village or City Oceun Cety (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME Jane & Melve | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mail 4 COLOR OR RACE 5 SINGLE, MARRIED, Marriel WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH July 23 19:85 |
| 6 DATE OF BIRTH (Month) (Dsy) (Yesr) | 17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 23,729 that I last saw har alive on 1929 |
| 7 AGE Styre. 9 mos. 2 f de. or min.? | The CAUSE/OF DEATH * was as 600 was - |
| a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | |
| business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary Contributory Secondary Contributory Secondary |
| 10 NAME OF FATHER NO Recurato | (Signed) To (Address Cook To Karl |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2 | Vient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) | ients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, |
| (Informant) ah Milvun | if not at place of dea.h? Former or usual residence |
| (Address) Cercons City | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7 / 25. 1930. |
| Filed 7/23' 1930 D.S. Durfred Yogistras | Hallanay Co Saluly mell |
| If more banks are needed, address State Registrat | r, 16 W. Saratoga St., Baito. Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer. that fact may be indicated thus; Farmer (re without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer--Coal mine, etc. Wom-Locomolive engineer, But in many Grocery

Statement of Cause of Death—Name, first, the DIS-BALE OVERSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine dofinitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, g death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, cough; 9 9 "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Nomenclature disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

M

| X | | PHYSI- d. Exact |
|---------------------|-------------------------------|---|
| | INK-THIS IS A PERME ENT ECORD | ully supplied. ACE should be stated EXACTLY, PHYSIplain terms so that it may be properly classified. Exact nt. See instructions on back of certificate. |
| ADING | RMSENT | buld be sta may be pro t back of c |
| R BIL | A PE | aE shar it |
| FOI | S IS | d. Ags tl |
| ESERVED FOR BINDING | NKTHI | ly supplie |
| S | | E de |

| | 1PLACE OF DEATH | 07126 STATE OF MARYLAND |
|------|--|---|
| | County Worcester | CERTIFICATE OF DEATH |
| | n | Registration Dist. No. 350 |
| | Rego | |
| Vil | lage or City Pocomoke City (No. R.F.] 2FULL NAME Francis Watson Merri | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Male White Single, Widowed, OR DIVORCED (Write the word) | June 2nd., 1930 June (Month) 2nd. (Day) 1930(Year) |
| 6 1 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That Lattended the deceased from |
| | December 26th., 1 909 (Month) (Day) (Year) | pat I last saw h alive on fune 19, 1923, |
| 7 / | If LESS than I day hrs 20 yrs. 5 mos. 7 ds. or min. | The CAUSE OF DEATH * was as follows: |
| 1904 | a) Trade, profession or larticular kind of work | (Duretion) yre moe de. |
| 9 6 | SIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion) yrs mos, ds. |
| | 10 NAME OF FATHER Lemuel P.Merrill | (Signed) M. D. |
| TS | 11 BIRTHPLACE OF FATHER | |
| ENT | (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| AR | of MOTHER Thdia Merrill | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| Δ. | 13 BIRTHPLACE | ients or Recent Residents) |
| | OF MOTHER (State or Country) Waryland | At place of deathyrsmosds, In the Stateyrsmosds, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| | (Informant) Lemuel P.Merrill | Former or usual residence |
| | (AddressR.F.D.2 PocomokeCity, Md. | Presbyterian Cemetary Pocomoke City, Md. Date of Burial June 4th, 1930. |
| 15 | Filed 6 4 1923 b C D Granis | Pocomoke City |

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeation in laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term or especially in industrial employments, it is necesyrs). At Home, and children, not gainfully em-For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PERSONAL AND STATISTICAL PARTICULARS SEX I COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Single OR DIVORCED (Write the word) 17 DATE OF BIRTH July 8th. (Month) (Day) (Year) AGE If LESS thar I day hrs. OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in |
|--|
| emale White Widowed Single or Divorced (Write the word) DATE OF BIRTH July 8th. (Month) (Day) (Year) AGE If LESS than I day hrs. I day hrs. The coccupation (a) Trade, profession or particular kind of work. (b) General nature of industry |
| AGE July 8th. (Month) (Day) (Year) and AGE If LESS thar dayhrs. Idayhrs. OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry |
| (Month) (Day) (Year) and AGE If LESS thar I day hrs. It day hrs. It day hrs. OCCUPATION (a) Trade, profession or At Home particular kind of work. (b) General nature of industry |
| AGE If LESS than day hrs. The least of industry least of industry least of industry If LESS than day hrs. The least of industry If LESS than day hrs. The least of industry The least of indust |
| (a) Trade, profession or At Home particular kind of work. (b) General nature of industry |
| (a) Trade, profession or At Home particular kind of work. (b) General nature of industry |
| (b) General nature of industry |
| (b) General nature of industry |
| |
| which employed or (employer) |
| BIRTHPLACE |
| (State or country) |
| lio NAME OF |
| FATHER |
| Lemuel P. Merrill |
| 11 BIRTHPLACE OF FATHER |
| |
| (State or country) Naryland |
| C 12 MAIDEN NAME OF MOTHER |
| or Mother India Merrill 18 |
| or Mother India Merrill 18 |
| OF MOTHER India Merrill 13 BIRTHPLACE OF MOTHER (State or country) Maryland When the mother of the |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 At of country with the control of the c |
| of Mother India Merrill 13 BIRTHPLACE OF MOTHER (State or country) Maryland 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Templed P Merrill For |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland WH if THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 356

| 5t: Wa | Ward) | If death occurred a hospital or insti | tu |
|--------|-------|---------------------------------------|----|
| | | tend of street | |

| MEDICAL CE | RTIFIC | ATE OI | DEATH | |
|---|---------------|------------------------------------|---------------------------|---------------------|
| 16 DATE OF DEATH | 10 | - | 26- | 1150 |
| ••••• | (Mon | th) | (Day) | , 19230 (Year) |
| 17 HEREBY CERTI | FY, That | I Ster | ded the de | ceased from |
| Hug ! | 200, to. | A | C 68 | 192).(2 |
| that I last saw haliv | e on | Dee | 7.6 | , 1927 |
| and that death occurred on | the date | etated | above, at | 0.39/1-m |
| The CAUSE OF DEATH & v | | | | |
| | | | | |
| Chaust | | | | |
| *************************************** | | | | |
| | (Duratio | n) | yrs. 3. | noede, |
| Contributory | | ما جد | | mosde |
| Secondary | _ | 7 | | • |
| Impercular | (Durstic | n) | .yra | mos de |
| (Signed) | | | | |
| 107.7.6. 1923 (Ad | dress) | | | C-7 |
| *State the Disease Violent Causes, state (1 Accidental, Suicidal or i | Causing Means | Death, of Injur | or, in deal y: and (2) | ths from whether |
| 18 LENGTH OF RESIDEN | | Hospite | ls, Institut | lons, Trans- |
| ients, or Recent Resident | 8) | In the | | |
| of death yrs, mos, | da. | State, | yre | .moeda |
| Where was disease contracted, if not at place of death? | | 2000000 + 0 1 + 1 + 0 0 | ·· | |

Presbyterian Cemetary DATE OF BURIAL Presbyterian Cemetary Doct. 30,15

NDERTAKED ADDRESS POCOMOL

Ocomoke City

wore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as 41 vehool or .1t home. Care should be taken work. or At Home, definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foremun, (b) Automobile factory. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material

ELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association. quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemla," "Weekness," etc., when a definite dlsease rhage," "Inanitlon," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "inqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-provably suicide. Examples: Accidental drowning; diseases resulting from childbirth or miscarriage as vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles (disease "Anacmia" (mcrely Struck by railway "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| B. Every ten of information should be carefully supplied. ACE should be stated EXACTLY, PHTS | statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| Cians chould | statement of 0 | |
| | | |

| 1PLACE OF DEATH | 05997 STATE OF MARYLAND |
|---|--|
| County Worcester | CERTIFICATE OF DEATH |
| WITHIN CORPORATE LIMITS OF | Registration Dist. No. 3 50 |
| Village or City Pocomoke City (No | St: Ward) (If death occurred In a hospital or institu- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female White Single, MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH |
| February 13 , 1856 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from Several years 192 to May 28th |
| 7 AGE If LESS that I day hrs 15 ds. or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work Housework at home. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) 25 yrs. mos. de. Contributory Secondary (Dytation) yrs. mos. Oneds. |
| 10 NAME OF FATHER Samuel Milbourne 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Esther Spencer 13 BIRTHPLACE | (Signed) M. D. May 29th 19230 (Address) Pocomoke City, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER Maryland (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death |
| (Informant) Mrs.Annie G.McClure (Address) Pocomoke City, Md. | usual residence 19 PLACE OF BURIAL OR REMOVAL M.E. Cemetary Pocomoke City, Md. 20 UNDERTAKER ADDRESS |
| 15 Filed 5 30 1930 & S. Aformis Registrar | Pocomoke City |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ne. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | 10823 STATE OF MARYLAND |
|---|--|
| County // Occasion | CERTIFICATE OF DEATH |
| Oi le | Registration Dist. No. 254 |
| Village or City Straker Mond | St.: Ward) (If death occurred in |
| 2FULL NAME | a hospital or institu- tion, give its NAME is- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Remote CM SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Moath) (Day) (Year) |
| 6 DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended the deceased from |
| (Moath) (Day) (Year) | 192to |
| 7 AGE If LESS than I day | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work | Stall Buth |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsmoeds, |
| 9 BIRTHPLACE (State or country) Md | Contributory Secondary (Duration) yrs., mos., mos. |
| 10 NAME OF FATHER PUSTON Mills | (Signed) (Address) M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER June Martin | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| OF MOTHER (State or C. untry) | At place of death yrs mos. ds. In the State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Wallered Wharter | Former or usual residence |
| (Address) Strokly Md | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 15 Filed of 18 1926 Hary Breggerrai | 20 UN DERTAKER Martin ADDRESS CONSTRUCT |
| If more b.anks are needed, address State Registrat | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the airst line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmor (reg : ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. to report Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronie Carcinoma, Sareoma, etc., of Example: Measles (disease The n_ture of the injury, etc. affection need not be valvular heart Nomenclature The contributory Measles; disease;

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301

V S. No. 1

| PLACE OF DEATH | | | 12837 | STATE OF | MARYLAND | |
|---|----------|-------------|---|--|--------------------------|--|
| County Warcuster | | | | CERTIFICATE | OF DEATH | |
| / | Paramala | and | (1-0) | Registration | Dist. No. | |
| Village or City plan (No | | | 70-400-400-600-600-600-600-600-600-600-60 | St.: Ward |) a hospital or institu- | |
| ²FUI | LL NAME | imes Leon | Mills | *************************************** | tion, git artest and nur | |
| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word) | | | 16 DATE OF DEATH (C) 20 (L) 1930 Clothy (Month) 20 (Day) (Year) | | | |
| 6 DATE OF BIRTH | | | 17 1 HEREBY CERTIFY, That I attended the deceased from | | | |
| 5- 18 , 1918 | | | 1920. tn 20 7, 1920. | | | |
| (Month) (Day) (Year) | | | that I last saw h walive on | | | |
| 7 AGE If LESS than I day | | | | and that death occurred on the date stated above, nt | | |
| yrs. 5 mos. 9. ds. or min,? | | | T. | | | |
| (a) Trade, profession or particular kind of work | | | I Thord fever | | | |
| (b) General nature of industry | | | | | | |
| Musiness, or establishment in which employed or (employer) | | | (Invenion) yre mos de. | | | |
| 9 BIRTHPLACE (State or country) near Pacamah. Ind | | | Contributory Secondary (Contributory Secondary Secondary Mos. Ass. | | | |
| 10 NAME OF FATHER Walles d. mills | | | (Signed) / O arlomis M. D. | | | |
| OF FATHER | | | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | | |
| Z (State or country) rear focomphe md. | | | | | | |
| of MOTHER Emma Purnell | | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) | | | |
| 13 BIRTHPLACE OF MOTHER (State or Country) Near Paramete, Ind. | | | At place of deathyrsmosds. In the Stateyrsmosds. | | | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | Where was disease contracted, it not at place of dea.h? | | | |
| (Informant) Walter J. mills | | | Former or usual residence | | | |
| (Address) Pocomone ma | | | 19 PLACE OF BURI. | al OR REMOVAL one City and | Oct 22 1930 | |
| 15 Filed [0] | 26 1923 | o S Har Sis | 20 UNDERTAKER Chap a | Purnell | S yow Hell, | |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from greed in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekccpers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an tle irst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enlaborer, worked on may form part of the second statement r," ete., Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. Laborer-Architect, Salesman. single word or term on -Coal minc, etc. Wom-Locomolive engineer, not gainfully em-The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemic eerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atie), "Atropny, Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Inamorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. eausing death), 29 ds.; Bronchopneumonia (seeondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underdiseases ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Caneer" is less definite; avoid resulting from childbirth or misearriage as cough; Chronic or intereurrent) Committee on Nomenclature valvular heart disease; affection need etc. The contributory Measles; not be

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PLACE OF DEATH

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease;

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discles. E amples: (*erebrospinol fever (the only definite synchym is "Tpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Theumonia"; Lobar vneumonia. Bronchopneumonia ("Pneumonia";

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences le g., servis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICH A .. taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved (Recommendations on statement of cause of death State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., American Medical Association. Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; or intercurrent) affection need Chronic Carcinoma, Sorcoma,, etc., of valvular heart diseuse; etc. The 9 9 contributory not be

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8161

03494 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County War cust Registration Dist. No. 35 Ward) (If death occurred in a hospit .l er Institution, give its NAME it stend of street and .. umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 LINGLE. MARRIED, X 3 SEX 16 DATE OF DEATH WIDOWED CR DIVORCED (Write the word) I HEREBY CERTIFY. That I retend 6 DATE OF BIRTH CE s (Day) and that death occured in the date stated above, at ... fLESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. ds. or min.? mos. Ш BOCCUPATION (a) I rade, profession or 50 particular kind of work (b) General nature of industry business, or establishment in (Duration) ... which employed cr (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (state or country) ш 10 NAME OF (Signed) 0 (f) [13] "tite the Disease Causing Peath, or, in RENT OZ Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 20 18 L.NGTH OF RESIDENCE (For Pospitale, Institutions, Trans-Ad ients or Recent Residents) CC 3 In the At place WO State yrs mos of death yis mos. 00 Where was disease contracted, if not at place of death? ... shoul Former or usual res.dence. Every CIAA: Stater If more blanks are useded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g. . Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation- Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm lohorer, Laborer-Coul mine, etc. Womwithout more precise specification as For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, As examples: c (6) (mocory; Rua

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1861

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD RESERVED FOR BINDING PERM A WITH UNFADING INK--THIS IS MARGIN WRITE V. S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Wrocesler | 05998 CERTIFICATE OF DEATH |
| near 1 11. | Registration Dist. No. 357 |
| Village or City Dun Hul (No. | St.: Ward) (If death occurred in |
| and a second sec | tion, give its NAME is - |
| 2FULL NAME Claron mor | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May M, 1958. (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 1 PHINN 1 | may 84 1930 to May 24, 1930. |
| (Month) (Day) (Year) | that I last law h Mualive on Man 74, 1930, |
| 7 AGE Uf LESS than | and that death occurred on the date stated above, at |
| 0 \ 118 dayhrs. | The CAUSE OF DEATH * was as follows: |
| Court 40 yrs mos ds. ormin.? | 1.1. |
| (a) Trade, profession or | VYemplesis |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | 2. |
| which employed or (employer) | (Duration) yrs, mos, ds, |
| 9 BIRTHPLACE | Contributory Secondary |
| (State or country) | (Duration) yrs, mos, de, |
| 10 NAME OF | (Signed) Why L. Kley D. M.D. |
| FATHER Unknown | |
| U 11 BIRTHPLACE | May 20 1980 (Address) Mary July |
| C (State or country) | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| TI MAIDEN NAME TO MOTHER TANKS | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| a fourthwar | ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the of death yrs mos ds. State yrs ds. |
| (State or Country) | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Virain Gallino | Former or usual residence |
| (Address) Sun Hill. Mid | Baptist curiling may 26, 1930 |
| 15 Filed 5/26 19280 LE Loy Swith | 6. G. Purull Sun Hill us |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

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> "Exhaustlon," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Uraemia, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "Weakness, cough; Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 332

Ward) (If death occurred in

| 7 | To movies) | a hospit I or institu- tion, give Its NAME is - stend of street and number.) |
|---|--|---|
| | MEDICAL CERTIFICATE C | FDEATH |
| | 16 DATE OF DEATH PO | 24, 19238 -(Day)(Year) |
| | 17 J HEREBY CERTIFY, That I atte | |
| | that I last saw h Atalivo on Ro | |
| | and that death occured on the date stated | above, at |
| | The CAUSE OF DEATH * was as follows: | |
| | Dearnhea. | |
| | | *************************************** |
| | Contributory Marass | yrs in 18 do. |
| | (Duration) | yrs mosda |
| | (Signed) e 9 Hul | Kerd M. D |
| - | nw 2 1 19230 (Address) Be | Ilm mot |
| _ | * tite the Discase Causing Peath, Violent Caus s, stite (1) Means of in Accidental, Suicidal or Homicidal. | or, in deaths from jury and (2) whether |
| | 18 L_NGTH OF RESIDENCE (For 1 ospi | ls, Institutions, Trans- |
| - | ients or Recent Residents) | |
| | | eyrsds |
| - | Where was disease contracted, if not at place of death? | |
| | Former or usual residence | |
| | 19 PLACE OF BURIAL OR REMOVAL | 11 to 24, 12 0 |
| | St. Vaul | ADDRESS |
| | 23 UNDERTAKER | ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

.tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Spinner, (b) Cotton mill; (a) Sulesmon. (b). (recery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement: it should be used only when needed. As example: fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Luborer er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b, the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. Locomolire engineer But in many Wom-

Statement of Cause of Dearth—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E amples: Cerebrospinal fever (the only definite synonym is "Cpidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Tyohoid Pneumonia.": Lobar pneumonia. Bronchopneumonia ("Pneumonia,":

stated unless important. tetunus) may be stated under the head of "contributory "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia, causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma,, as fracture of skull, and consequences e g., se, as, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisos ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICE A., taken. State cause diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Conmittee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin-Whoolung (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY cough; for which surgical operation was under-Chronic ""Anaemia" (merely symptom-Example: Measles (disease etc. The contributory valvular The nature of the injury, Nomenclature Always qualify all heart disease; Measles; death

If this certificate is bloked over thoroughly and all quadions answered in defail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

1930

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERM. N FOR WITH UNFADING INK--THIS IS MARGIN RESERVED AINL WRITE

S. No. 1

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N. B.--

| PLACE OF DEATH County Waresto | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.334 |
|---|--|
| Village or City Listletenno. Md 2FULL NAME | St.: Ward) (If death occurred Image and the stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| a sex 4 color or race 5 single, MARRIEDA WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH WELL 10, 1930 (Year) |
| 6 DATE OF BIRTH Meh 10-1930 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE If LESS than I day lirs ds. or min.? | and that death occurred on the date stated above, at TOO H m. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Revolue" |
| business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs |
| 10 NAME OF FATHER Odis Mason | (Signed) Houry Radey May Mely 1993 (Address) Start Bly M. |
| OF FATHER (State or country) 12 MAIDEN NAME? | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER LEATHER HEADSON 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Martha Taylor | Former or usual residence |
| (Address) Swepter Ma 15 Filed McRW 192/ Harry Touristers | 20 UNDERTAKER Mason Sudletry |
| If more banks are needed, address state Kegistra | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed. us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Paysician, the first line, will be sufficient, e. g., Farmer or Planter, etc., report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material and children, not gainfully em-Architect, Salesman. Locomotive engineer, (b) Groccry;

Statement of Cause of Death—Name, first, the Dfs-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrogrinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Libbar - pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underean be ascertained as the cause. Always qualify all (secondary unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

03495 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Worces Registration Dist. No. 832 St.: Ward) Village or City (If death occurred in a hospit I or Institution, give its NAME it stend of street and .umber.) PERSONAL AND STATISTICAL PARTICULARS MIDICAL CERTIFICATE OF DEATH pro 5 -INGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED, X d be y be lack o WIDOWED. CR DIVORCED may n bac (Write the word) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH structions hat (Conth) (Day) (Tear and that death occured on the date stated above, at ... fLESS than 7 AGE 0 (3) I day hrs. The CAUSE OF DEATH * was as follows: torms ee inst ds. or min.? Ш 8 OCCUPATION (a) I rade, profession or ER 50 particular kind of work (1) p:a (b) General nature of industry business, or establishment in 11 (Duration) ref which employed (r (employer) oduui Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 00 10 NAME OF 20 on wi RENTS *tte the Discase Causing Death, or, in deaths from Violent Caus s, state (') Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER AUS (State or country 12 MAIJEN NAM 18 L.NGTH OF RESIDENCE (For 1 ospitals, Institutions, Trans-Ad 00 ients or Recent Residents) CU stat 13 CIRTHPLACE In the At place OF MOTHER of death.yıs........ds.....ds. State (State or country) 00 Where was disease contracted. if not at place of death? shoul Former or usual res.dence. (Informant) (1) 25 101 Eve CIA stat 04 If more b.anks are needed address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: " fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from tahorer. Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Fermer or Planter, tion applies to each and every person, irrespective of Statement of Occupation Frecise statement of ocworked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day (b) Stationary fireman, et . But in many Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphthoria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"; Lobor meanonia. Bronchopnenmania ("Fneumonia";

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; · (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, tetanus) may be stated under the head of "contributory diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., selvs, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOTICITA taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis," can be ascertained as the cause. Always qualify all Burdooy unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on cough, Chronic valvular heart disease; etc. Nomenclature of the The contributory Sarcoma,, etc., of

N B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PATEL-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates CORD ITH UNFADING INK---THIS IS A PERMA WRITE P

BINDING

MARGIN RESERVED FOR

(. S. No. 1

| | PLACE OF DEATH | 00150 | STATE OF N | MARYLAND |
|---|---|--|---|---|
| | County Worcesto | 03450 | CERTIFICATE | OF DEATH |
| / | | 90 | Registration I | Dist. No. 35-2 |
| | Village or City Friendship (No. | | St.: Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- |
| | 2 FULL NAME Gulia a. Mumpo | rd | | stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MED | CAL CERTIFICATE C | F DEATH |
| | 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Widowl OR DIVORCED (Write the word) | 16 DATE OF DEAT | (Month) | (Day) (Year) |
| | 6 DATE OF BIRTH Auly 1844 | Han | BY CERTIFY, That I atte | Mon 1981. |
| | (Month) /L (Day) (Year) | that I lost saw h | 0 | , 1980, |
| | 7 AGE If LESS than | | ured on the dete stated ATH * was as follows; | above, at |
| | yre. 6 mos. 19 ds or min.? | THE CAUSE OF DE | AIH " WAS AS TOLIOWS; | ¢ |
| | a) Trade, profession or particular kind of work Al-Manu (b) General nature of industry | Chie | me Valmy | a Heart ils |
| 1 | which employed or (employer) | | (Duration) | ,yrs mos ds. |
| | 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary | (Duration) | vrs. mes de |
| | 10 NAME OF William mumfurd | (Signed) | -a Hul | Cand M.D. |
| | A DIDTURE ACE | | (Address) Death | Less ma |
| | OF FATHER (State or country) Mary Rand 12 MAIDEN NAME | | Discase Causing Death, state (1) Means of In al or Homicidal. | THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. |
| | of Mother Mary Newhon | 18 LENGTH OF | RESIDENCE (For Hospit Residents) | als, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER | At place of deathyrs | .mos. ds. In the | eyremosds. |
| | (State or country) // ATMACA | Where was diseese coif not et place of d | | |
| | (Informant) James mumpord | Former or usual residence | | |
| | (Address) Fresdship md | Friend & | Ship md | Murch 1 1930. |
| 5 | Filed Mar 1 1930 & V Meinford Webuty Registras | 20 UNDERTAKER lewis | Elvans | Berlin and |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga &t | ., Balto,, Requesting V. S | . No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Normant, Cook, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form purt of the second statement. Never return 'Laborer." "Foroman," "Manager," "Dealsary to know (a) the kind of work and also (b, the Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, yrs). without more precise specification as For persons who have no occupation Stationary fireman, etc. (b) Automobile factory. The material Laborer-Coal mine, etc person, irrespective of Locomolice engineer, But in many (b) Grocery The ques-Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphhieria (avoid use of "Croup"); Juphoid fever (never report "Typhoid Pneumonia"); Inhar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Thanition," "Heart failure, risemorniage, "Thanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely. can be ascertained as the cause. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway tren (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 23 ds.; Bronchopneumonia (secondary interstitial nephritis, cough; Chronic Carcinoma, valrular heart discuse; Always qualify all The contributory Sarcona, etc., of Measles;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

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| County Workester | CERTIFICATE OF DEATH |
|--|--|
| | Registration Dist. No. 30-2 |
| Village or City (Lew City (No | St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (199-28 4 , 1980 (Month) 25 (Day) 1970 (Year) |
| 6 DATE OF BIRTH | 17 I HERBBY CERTIFY, That I attended the decensed from |
| (Month) (Day) (Year) | that I last saw h alive on 192, |
| 7 AGE III LESS than | (Aspallar Ha |
| 22 yrs. 9 mos. 2/ ds. or min. | 110. 1 1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| B OCCUPATION (a) Trade, profession or Painter particular kind of work | in sight length |
| (b) General nature of industry business, or establishment in | (Duration) yrs. mos. ds. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (Ntate or country) | Secondary Duration yrs |
| 10 NAME OF FATHER IN MING & Mumpey | (Signed) The M. D. & Address) Queen Chily |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Couler of Munfred | 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Ceuntry) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) & S. M. umford | usual residence |
| (Address) O clan City My | Engres Com Bedi 8/30, 1930 |
| 15 Filed 8/28/30 192 & S. Munfred Registral | 20 UNDERTAKER Bubage Berlin Hal, |
| If more blanks are needed, addre.s tate Kegistra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm loborer, (b) Cotton mill; (a) Solesmon. (b) For persons who have no occupation Automobile foctory. The material Laborer-Coal mine, etc. Womsingle word or term on duties of the (6) The ques-Grocery, Doy

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death earbolic ocid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Aecidental drowning; Struck by railway trainas fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on cough; Chronie Example: Measles (disease etc. affection need valvular heart Nomenclature The contributory not be diseose;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | 03496 | STATE OF N | |
|---|---|--|---|
| County Wareister | (82) | | Dist. No. 35-2 |
| Village or City Ocean City (No | m | St.: Ward) | (If death occurred is a hospit or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | AL CERTIFICATE O | F DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | March. | 27-, 1036 (Day) (Year) |
| 6 DATE OF BIRTH 10 10 10 10 10 10 10 | 17 I HEREBY | 192 to | nded the deceased from |
| 7 AGE 2 yrs. 2 mos. 19ds or min.? | The CAUSE OF DEAT | 0 | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | boot c | of size | d min de |
| 9 BIRTHPLACE (State or country) Virginia | Secondary | (Duration) | y10. D mondi |
| FATHER Thomas 9 mlsen | | (Address) Bus | |
| OF FATHER (State or country) Unguina | *Stte the D Violent Caus s, s: Accidental, Suicidal | viscase Causing Death, tate (1) Means of In or Homicidal. | or, in deaths from jury and (2) whether |
| of MOTHER Many OThomason 13 EIRTHPLACE OF MOTHER (State or country) Ungine (State or country) | ients or Recent Re ients or Recent Re At place of death yrs | SIDENCE (For Fiospitssidents) In the State of St | als, Institutions, Tran- |
| (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea Former or usual residence | | |
| (Informant) Thomas J. Nelsone (Address) Poosanoke Md. | 19 PLACE OF BURIA | LOR REMOVAL Lynch Glm: | afril 19. , 30 |
| Filed 4/19 1930 IV 916 composed | M Parha | water | Selbyville |
| If more b.anks are needed, address State Registra | r, 16 W. Saratoga St., | Balto., Requesting V. S | . No. Y Del. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Stationary fireman, et. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile foctory. The material But in many Grocery;

Statement of Cause of Death—Name, first, the DI3-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"): Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> stated unless important. Trample: Measles "PUERPERAL seplicaemia," "PUERPERAL peritonilis," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Corra," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptonis or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchonneumonia (secondary), inges, peritonaeum, etc., Carcinoma, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Inanition, Whooping use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of (clanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; " "Marasmus," "Old Age," "Shock," Chronic etc. valvular heart disease; The contributory Sorcoma,, etc., of Measles; (disease

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A 1the data is essential and must be obtained before the cartificate is permanently filed.

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|-----------------------------|--|--|
| MARGIN RESERVED FOR BINDING | WRITE AIN WITH UNFADING INKTHIS IS A PERM KENT | N. B Every item of information should be carefully supplied. ACE should be stated ECIANS should state CAUSE OF DEATH in plain terms so that it may be properly estatement of OCCUPATION is very important. |
| V. S. No. 1 | WRIT | M. BEvery itel CIANS si |
| | | |

| PLACE OF DEATH County Worcester WITHIN COMPONATE LIMITS OF | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. |
|--|--|
| Village or CityPocomoke City. (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME i, stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. WIDOWED. OR DIVORCED IDOW (Write the word) | June 19th. 150 June (Month) 19 (Day) 1930 (Year) |
| February (Month), 851. 7 AGE 78 yrs. 4 mos. (Month) or min.? | 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to June 8, 1920 that I last saw h salive on 8, 1920 and that death occurred on the date stated above, at 7 s 35 A m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work Housewife (b) General nature of industry usiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland | Contributory Chronic Refebrites Autore Contributory (Duration) |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) Address) Actate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence |
| (Informant) Mrs.Robert Walker (Address) Pocomoke City, Md. 15 Filed 6 2 1929 U & Starge Registra | Pocomoke City, Md. Pocomoke City 20 Undertaker Pocomoke City M.E. Cemetary Pocomoke City, Md. June 22, 1930 Pocomoke City Maryland. |
| If more bianks are needed, address State Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day -Coal mine, etc. Wom-(b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The valvular heart disease; contributory

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| PLACE OF DEATH STEE | -0.9686 | STATE OF MARY |
|--|---|--|
| County Wood | 0000 | CERTIFICATE OF |
| | 129 | Registration Dist. No |
| Village or City Berlin md(No. RD 2 | | St.: Ward) (If de |
| | 2 . 0 - | a hos |
| 2 FULL NAME New- Elijah J. | Nicholson | stead numb |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICA | AL CERTIFICATE OF DEA |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, married | 16 DATE OF DEATH | 0 - 222 |
| Male / white (Write the word) | aux | (Month) 2Z (Day) |
| 6 DATE OF BIRTH | 17 HEREBY | PTIFY, That I attended the |
| June 1 1850 | 3 Febr 81 | 20 . Cuez 1 |
| (Month) (Day) (Year) | that I last saw h | alive on |
| 7 AGE | | red on the date stated above, a |
| 77 yrs. 2 2 ds. or min. | 1111 1 | H * warmas forthwas: |
| 8 OCCUPATION | V-08 | 7 |
| (a) Trade, profession or particular kind of work | Par | |
| (b) General nature of industry | | |
| business, or establishment in which employed or (employer) | 4-44-12-12-12-14-14-14-14-14-14-14-14-14-14-14-14-14- | (Duration) |
| | Contributory | omela Hel |
| 9 BIRTHPLACE (State or country) | Secondary | 10/10/200 |
| 1 10 NAME OF COUNTRY) maryland | -52- | (Doration) yre |
| FATHER Office nicholson | (Signed) | |
| 11 BIRTHPLACE | 192 | (Address Comments) |
| C (State or country) Mansland | Wiolant Causes, sts | s ase Causing Death, or, In ite (1) Means of Injury and |
| TIZ MAIDEN NAME | Accidental, Suicidal | or Homicidal. |
| of MOTHER hellin Jackson | 18 LENGTH OF RES | SIDENCE (For Hospitals, Inc |
| 13 BIRTHPLACE | At place | In the |
| OF MOTHER (State or Country) Williams | of deathyrsm | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE | Where was disease contr | acted, |
| (Informant) Kate nicholson | Former or usual residence | *************************************** |
| (Address) Berlin Md R.D. | 19 PLACE OF BURIA | OR REMOVAL DAT |
| 15 8/2.6 3. ALROT. | 20 UNDERTAKER | ADDE |
| Filed 774 90 MUSULTE | m Yarka | Watson Sel |
| If more banks are needed, addre.s Ltate Kegistra | ar, 16 W. Saratoga St., I | Balto., Requesting V. S. No. 1. |

09686 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

| | St.: | Ward) | (If death | | |
|---------|------|-------|--------------|---------|------|
| .00 | | | tion, give i | ts NAME | in - |
| cholson | | | number.) | | |

ADDRESS

| | MEDICAL | CERTIFIC | ATE OF | DEATH | |
|----------------------------|---|-------------|-----------------|-------------|-------------|
| 16 DATE OF | æ | | 22 | | N20 |
| 170 | HEREBY OF | Month | | | |
| 426 | 1 8 mai | | and | 23' | 3, 12 |
| and that de | ath occurred | on the date | | ove, at | A |
| The CAUSE | OF DEATH * | was foll | in Pt | Tres | 2 |
| La se | K | 30 | شد | The | ef |
| | | 2 (Duration | 2 | 18m | onde |
| Contribu | | mela | - the | e.e. | E, |
| -05 | 0 | (Doration | vv | reтq | dd |
| (Signed) | 2 1950/ | ddre | 200 | -01 | 20.10 |
| Violent | c the discass Causes, state al, Suicidal or H | (1) Means | | and (2) | Who her |
| 1 | OF RESIDI | | Hospitals | , Instituti | ons, Tran |
| At place of death | .yrsmos | ds. | In the State | yra | mosd |
| | lisease contracte ace of dea.h? | d, | | | |
| Former or usual residen | ce | | | | ****** |
| 19 PLACE O | F BURIANOI | R REMOVAL | 1 | DATE OF | BURIAL 1936 |

No. 1 ග්

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oestate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed etc., report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as For persons who have no occupation Salesman. 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EARLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> lclanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n ture of the injury, diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (seeondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underean be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart disease; not be

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| | WRITE | BEvery item of informati |
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| PLACE OF DEATH | 19687 STATE OF MARYLAND |
|---|--|
| County Morcista | CERTIFICATE OF DEATH |
| Da P. | Registration Dist. No. 314 |
| Strobling Md. | |
| Village or City COUNTY No. | St: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME A Still-Cor | stead of street and number.) |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED CT 2 | 18 DATE OF DEATH Rug 4, 19:30 |
| OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Cerca 4 930 | |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE (If LESS than | and that death occurred on the date stated above, at 25 ft.m. |
| I dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. ds. or min.? | |
| a) Trade, profession or | dell-our. |
| particular kind of work | |
| (b) General nature of industry business, or establishment in | (Darwin) |
| which employed or (employer) | (Durstion) yrs, mos, ds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 1110,1 | (Duration) yrs mos da. |
| FATHER PROPERTY OF MICHAELE | Signed) M.D. |
| 11 BIRTHPLACE | aug 192 (Address) State the |
| OF FATHER | *State the I is ase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| Z (State or country) | Accidental, Suicidal or Homicidal. |
| of MOTHER Waterfalmer | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State or Country) | of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesee contracted, it not at place of dea.h? |
| e a fell as | Former or usual residence |
| (Informant) | 19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL |
| (Address) Section Mol | paryons to mary 1930 |
| 15 Proces Willen Al & Mach | 20 UNDERTAKER ADDRESS |
| Filed Company Registral | Furnel Heunet Swaply |
| | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| II more paties are medicin address trate registrate | , |

(Approved by U.-S. Census and American Public Health Association.)

er," etc., war loborer,ha are business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH greed in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, Civil engineer, tion applies to cach and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Paysician, irst line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Doy Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Laborer-Coal mine, etc. Womperson, irrespective of Locomotive engineer, But iu many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor meannonia, Bronchopneumonia ("Pneumonia,"

> tetonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Enhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJUNY resulting from childbirth or miscarriage as cough; for malignant meoplasms); Chronic Example: Measles (disease etc. The contributory affection valvular heart need not be " Shock," Meosles ; diseose;

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HYSI-Exact PLACE OF DEATH STATE OF MARYLAND County Maries CERTIFICATE OF DEATH 0 tated EXACTLY, Properly classified. Registration Dist. No. 22 Village or City (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. pe may be n back WIDOWED, OR DIVORCED pino Write the word (Month) (Day) (Year).... 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from that instruction (Month) that I last saw h Calive on S (Day) (Year) IIfLESS than 7 AGE and that death occurred on the date stated above, at 0 I day hrs. The CAUSE OF DEATH * was as follows: terms ESERVED ds. or min.? B OCCUPATION (a) Trade, profession or 2 Carticular kind of work refully piai (b) General nature of industry business, or establishment in 2 C which employed or (employer) impo MARGIN 9 BIRTHPLACE (State or country) 04 DI DO 10 NAME OF 3 L 20 (Address) O LU OF FATHER LZ *State the Disease Causing Death, or, in deaths from S (State or country) Violent Causes, state (1) Means of Injury and 20 Accidental, Suicidal or Homicidal. A D 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform 00 ients or Recent Residents) cu cu 13 BIRTHPLACE At place of death... In the OB OF MOTHER State yrs mos. yrs.....ds. (State or Country) uld of O Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. ho Every item CIANS sho statement usual residence .. (Informant) PLACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAK Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusines, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serunt, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as For persons who have no occupation (b) Automobile factory. The inateria Loborer-Coal mine, etc. Womsingle word or term on As examples: (a) (4) engineer, Grocery; Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal fever" (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Ethaustion," "Heart tallure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-utic), "Atrophy." "Collapse." "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., o lc(anus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid cough; "Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Chronic Example: Measles (disease valvulor heart disease etc. The Nomenclature contributory "Dropsy, Mosles ;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

No.

| HYSI- Exact | |
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| BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | |
| ACE should be that it may be ctions on back | |
| fully supplied. plain terms so | |
| Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. | |
| of information and state CAUS f OCCUPATION | |
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| PLACE | OF | DEATH |
|-------|----|-------|
| | | |

County Worcester WITHIN CORPORATE LIMITE OF

0882

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| Village or | CityPocomoke City (No. | St.: V | Vard | 1 |
|------------|------------------------|--------|------|---|
|------------|------------------------|--------|------|---|

2FULL NAME George William Parks

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

| | | Y | | *************************************** | |
|--------------------------|---|--|---|--|---|
| PERS | SONAL AND STATIST | ICAL PARTIC | ULARS | MEDICAL CERTIFICAT | E OF DEATH |
| 3 SEX Male | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED. NOR DIVORCE (Write the work | arried | Pocomoke City, Md. Ja January (Month) | |
| 6 DATE OF | September (Month | | , 1 896 (Year) | 17 I HEREBY CERTIFY, That I | etended the deceased from |
| 7 AGE | 33 yrs. 3 | mos. 17 d | If LESS than I day hrs. s. or min.? | The CAUSE OF DEATH * was as follows | |
| (b) General business, | kind of work Mach al nature of industry or establishment in | inist | | Extension) | vrs. 5 mos da |
| 9 BIRTHPLA (State o | Marylan E OF | | | Contributory (Duration) (Signed) | yrs |
| Z (Stat | ATHER to or country) Maryl DEN NAME | and | | *State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | th, or, in deaths from Injury and (2) Whether |
| OF M | OTHER Edna Ric HPLACE OTHER te or Country) Maryl | 11333 | | of deathyrsmos,ds. | spitals, Institutions, Trans- the Stateyrsmosde |
| 14 THE ABO | ve is true to the best | | LEDGE | Where was disease contracted, if not at place of death? | |
| | address) Pocomoko | | d. | M.E. Cemetary Pocomoke City, Nd. | Jan 13th 19 3 |
| 15 Filed | -13 1930 6 | E 1 4 | Langis | 29 UN DERTAKER | Pocomoke City |

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewijc, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, whatever, write None. Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Japhoid fever (never report "Typhoid Pneumonia"), Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere symptoms or terminal condicarbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart etc. Always qualify all The contributory disease;

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4

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. properly classif (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR/OR RACE MARRIED be WIDOWED back OR DIVORCED pino may (Write the word) 6 DATE OF BIRTH nstructions that ш (Month) (Year) (Day) O 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: peliddus terms min.? 8 OCCUPATION 99 (a) Trade, profession or C (2) particular kind of work plai (b) General nature of industry business, or establishment in ٢ A. (Duration) Importa which employed or (employer) H Contributory MARGIN 9 BIRTHPLACE Secondary (State or country very OG 10 NAME OF (Signed) FATHER IL. 0 (Address) (O LJ *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OZ CAU (State or country 12 MAIDEN NAM D. OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-4 d state nform ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of deathyrsds. (State or Country Where was disease contracted, if not at place of death?..... shoul of Every Item CIANS sho statement of Former or usual residence (Informant) DATE OF BURIAL 20 UNDERTAKER Filed Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Inamorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease; etc. The Nomenclature of the contributory

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V S. No. 1

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| PLACE OF DEATH County Cester | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 |
|--|--|
| Village or City Know Schill (No | St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Anglo OR DIVORCED (Write the word) | 16 DATE OF DEATH Oug /8 , 193 0 |
| 6 DATE OF BIRTH Lord Know, 1 | that I last saw h/M alive on Current 17, 1930, |
| 62 yra. mos. ds. or min.? | and that death occurred on the date stated above, at R.m. The CAUSE OF DEATH * was as follows: Gasture Welly-(Cuptured) |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1 1 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | Contributory Levit Vnito-fencial Secondary (Dyraffon) Union William W |
| 10 NAME OF FATHER GEORGE T. Parsons 11 BIRTHPLACE OF FATHER (State or country) Manyland | (Signed) THOM CLOCKE M. D. "State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Zavznig Willo (Address) Pittoville, Ind. | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS |
| Filed \$ 20 19230 RE Cay Swelth Registres If more blanks are needed, address tate Kegistras | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Ond |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from giged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken er," etc., nature of the business or industry, and therefore an Paysician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Howewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a Or yrs). At Home, and children, without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. (a) the kind of work and also (b) the Architect, Salesman. (b) Grocery; factory. The material single word or term on Locomotive engineer, not gainfully em-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (thever report "Typhoid Pneumonia"); Lobar pneumonia, Bronelopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tonue," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-If this certificate is looked over thoroughly and all qu stions (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, (name origin; "Cancer" is less definite; avoid by cough; Committee on Chronic The n .ture of the injury, etc. valvular heart disease; Nomenclature The contributory Mcasles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the coefficate is permanently filed. I would need to the coefficate is commanded to the coefficate is commanded to the coefficate is commanded to the coefficient of the coefficient and the coefficient of the manife of the coefficient of the

| PLACE OF DEATH County Warrent County Warrent County | 08462 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. |
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| Village or City ocomolog Cety 2FULL NAME Trances More | Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED UND OR DIVORCED (Write the word) 6 DATE OF BIRTH | 16 DATE OF DEATH (Month) 9 (Day) / 930 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Occupantally drowned |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | No Doctor in attendance (Duretion) yrs. mos de. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary Secondary de mos de de de secondary de secondar |
| FATHER Cowland H. Pague 11 BIRTHPLACE OF FATHER | (Signed) M. B. 1923 O (Address) Death, or, in deaths from |
| Z (State or country) loggica 12 MAIDEN NAMEO COMMENCE CO | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) May laud | At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, |
| (Informant) Ty, Somewhele | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) ocomole Certy Md, 15 Filed / // 1920 & S Har cis Registrar | 20 UN DERTAKER Stroluson Jocomolsleit |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | PLACE OF DEATH | CTATE OF MADVI AND |
|---|---|--|
| | Massauter | STATE OF MARYLAND |
| | County | CERTIFICATE OF DEATH |
| | how to an also feety | Registration Dist. No. 350 |
| | 2FULL NAME Sloyd Vince | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.) |
| | | |
| - | PERSONAL AND STATISTICĂL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Mole A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word) | 16 DATE OF DEATH Of 3 , 1950 (Month) (Day) (Year) |
| | 6 DATE OF BIRTH Lave 15, 1865 | I HEREBY CERTIFY, That I estended the deceased from |
| | (Month) (Day) (Year) | that I last saw haive on 1925, |
| | 7 AGE | and that death occurred on the date stated above, at 7.30 Fam. |
| | 65 yrs. 2 mos. / 8 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| | B OCCUPATION ds. or min.? | The state of the s |
| 1 | (a) Trade, profession or | |
| 1 | (b) General nature of industry | |
| V | business, or establishment in which employed or (employer) | (Dyration)ds, |
| | 9 BIRTHPLACE | Contributory Deterpschronis |
| | (State or country) Mary Gand | Secondary (Duration) vs. mos. de. |
| | 10 NAME OF | (Signed) Estata M. D. |
| | FATHER CONTROL POPUL | H-H 197 C(Address) Her Shirle U. |
| | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| | Z (State or country) Caryland 12 MAIDEN NAME () | Accidental, Suicidal or Homicidal. |
| | of MOTHER Source a Parcel | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER | At place of deathyrsmosds. Stateyrsmosds. |
| | (State or Country) | Where was disease contracted, |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| | (Informant) Mo Deo Lydiel | usual residence |
| | (Address) for concolse leity | Remelies our Date of Burial |
| | 15 Filed 4-5 19230 6 1 Harry | PO UNDERTAKER DA ADDRESS |
| | Registrar | More! Develencionopolos, |
| | If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-(a) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every worked on may form part of the second statement. Foreman, (b) first line will be sufficient, e. g., Farmer or Planler, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; " "Marasmus, " "Old Age, Chronic etc. The contributory valvular heart disease; Nomenclature " "Shock,"

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

| PLA County | STYCES | to | | 08463 | STATE OF N | |
|--------------------------|---|---|---|---|---|---|
| hea | er 1 | | | 100-01 | Registration I | Dist. No. 357 |
| Village or (| FULL NAME W | Hill (No | ρ_{ϵ} | rdu | St:Ward) | (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERS | ONAL AND STAT | STICAL PARTICU | ILARS | MEDIC | AL CERTIFICATE O | F DEATH |
| 3 SEX Mal | 4 COLOR OR RA | CE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | Ding. | 16 DATE OF DEATH | July | 12 , 1930 |
| 6 DATE OF | 4 | 18 (Day) | ., 1929 (Year) | that I last law h in | CERTIFY, That I atte | |
| 7 AGE | yrs. S | mos. 24 ds. | If LESS than I day hrs. or min.? | and that death occur The CAUSE OF DEAT | red on the date stated : | above, at 1.45 fr. m. |
| (a) Trade, particular | profession or kind of work | | *************************************** | Comma | 12101-100 | Minning |
| business, o which emp | l nature of industry r establishment in loyed or (employer) | | *************************************** | Contributory | Duration Thy | cardillo 4 da. |
| 9 BIRTHPLA (State or | country) Man | yland | | Secondary | to project | yrs. mos, 2 ds. |
| FATHI | PLACE YOUN | nan Pro | rdue | (Signed) (Signed) (Signed) (Signed) | S(Address) | Hul MO |
| H OF FA | or country) | rylan | 1 | *State the Di Violent Causes, st Accidental, Suicidal | sease Causing Death, ate (1) Means of Inju- or Homicidal. | or, in deaths from ury and (2) Whether |
| 13 BIRTI | | a For | hs | 18 LENGTH OF RES | | als, Institutions, Trans- |
| (State | or Country) 1/2/0 | ryland | 1 | of deathyrsm Where was disease contr | os,ds, State. | yrsmosds. |
| (Informa | ant) Som | ian Per | Lue | if not at place of dead Former or usual residence | | DATE OF BURIAL |
| (Ad | 7/12 1923e | LE Roy & | Registrar | 20 UNDERTAKER | Hramely) | July 13, 1932 |
| - | If more branks | are needed, address & | tate Registrar | , 16 W. Saratoga St., I | Salto., Requesting V. S. | No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation bas been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exbaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably sucb, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic valvular heart disease; affection etc. The contributory need not

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PHYSI-PLACE OF DEATH properly clare of certificate PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) ructions (Month) (Day) (Year) 7 AGE If LESS the OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY Registrar If more blanks are needed, addré.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

| | MEDICAL CERTIFICATE OF DEATH | | | | | |
|-----|--|--|--|--|--|--|
| _ | 16 DATE OF DEATH May 2 > 1937 | | | | | |
| | | | | | | |
| = | (Month) (Day) (Year) | | | | | |
| | 17 I HEREBY CERTIFY, That I attended the deceased from | | | | | |
| | that I last saw h LMC alive on | | | | | |
| n | and that death occurred on the date stated above, at // 4 'm, | | | | | |
| 3. | The CAUSE OF DEATH * was as follows: | | | | | |
| .? | apparently acuto ludocarditis | | | | | |
| | as he was dead when I arrived | | | | | |
| ••• | ************************************** | | | | | |
| | | | | | | |
| | (Duration) yrs, mos ds. | | | | | |
| - | Contributory Secondary | | | | | |
| | | | | | | |
| - | Duration yrsds. | | | | | |
| | (Signed) M. D. | | | | | |
| - | May 19 1920 (Address) Fresh fill ned. | | | | | |
| | State the Disease Causing Death, or, in deaths from | | | | | |
| _ | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | | | | |
| | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | | | | | |
| - | ients or Recent Residents) | | | | | |
| | At place in the of deathyrsmosds, Stateyrsmosds, | | | | | |
| - | Where was disease contracted, if not at place of dea.h? | | | | | |
| | Former or usual residence | | | | | |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | | | | |
| | Drow Hill and May 29, 1932 | | | | | |
| 4 | 20 UNDERTAKER ADDRESS | | | | | |
| 7 | W. Thramprow Hill | | | | | |
| | TOWN C C. D.I. D W. C. N. I | | | | | |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the and consequences (e. g., sepsis,

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S. No. 1

1

| | PLACE OF DEATH County, Worcester | 0883 STATE OF MARYLAND CERTIFICATE OF DEATH |
|------|--|---|
| | Ounty 1 1 1 | Registration Dist. No. |
| Vi | llage or City Stockson (No. | St: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street and |
| | 2FULL NAME SILLIAM SCA | number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 1 | emale White Single, Married, Widowed (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 1 | DATE OF BIRTH May (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to Jan. 29, 1923 c that I last saw here alive on Jan. 29, 1923 c |
| 7 / | AGE If LESS than | and that death occurred on the date stated above, at 4.300 m |
| | 46 yrs. 8 mos. 24 de. or min.? | The CAUSE OF DEATH * was as follows: |
| (| a) Trade, profession or Housewile particular kind of work | -Cerebral Benzonshag |
| 16 | b) General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs. mos 2 ds |
| 9 [| STATE OF COUNTRY) Maryland | Contributory Secondary (Durstion) yrsdsds. |
| | 10 NAME OF Thomas Johnson | (Signed) Ja Alicketta M. D. |
| ENTS | OF FATHER (State or country) Mary land | *State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| AR | 12 MAIDEN NAME EMMA Conavag | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| Ъ | 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | ients or Recent Residents) At place In the of deathyrsmosds, Stateyrsmosds. |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| | (Informant) Mr Petitt | Former or usual residence |
| 107 | (Address) Stockton, Ma. | M. P. Gendlety my Rol 2, 30 |
| 15 | Filson 29 1930 Hay Tragler | 20 UNDERTAKER Sour Helf |
| - | If more hanks are headed addre a tate Kegistrar | . 16 W. Saratova St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in doinestic service for wages, as Scrvant, Cook, housemaid, etc. If the occupation has been changed work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material single word or term on duties of the 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the Diseal Course of Death—Ithe primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Löbar.: pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "eontributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Enhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and eonsequences (e.g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The Nomenclature Always qualify all heart disease; contributory

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PHYSI-

S. No. 1

| PLACE OF DEATH County Worcester Village or City Ocean City, Mos. | | | 08464 | CERTIFICAT | MARYLAND E OF DEATH |
|--|--|---|-------------------------------|---|---|
| | | | 48 | Registration St.: Ware | d) (If death occurred la hospital or Institution, give its NAME is |
| 2 F 1 | ULL NAME Thom | as B. Philips | | ************************************** | stead of street an number.) |
| PERSO | ONAL AND STATIST | ICAL PARTICULARS | MEDICA | L CERTIFICATE | OF DEATH |
| male | 4 COLOR OR RACE | SINGLE, MARRIED, MAPPICO WIDOWED. OR DIVORCED (Write the word) | July | 2 10 | 30 - 30 , 19 3 13 [†] _(Day) 1930 _(Pear) |
| 6 DATE OF B | Feb. | 21st. , 1 \$30 | that I last saw h | CERTIFY, That hat | ttended the deserved from |
| 7 AGE | 70 yrs. 4- | mos 2 de lf LESS that I day hr | 8. The CAUSE OF DEAT | ed on the late state H * was as follows: | Jabove, at 118 40- |
| particular k | profession or ind of work nature of industry | Farmer | Jan 2 | esule j | Proceed |
| which employed | | | Contributory Oct | ranoma | Free most |
| (State or of State | of Robert T | - | (Signed) 7 1 7 7 130 | (Address) | e & & Light |
| | or country) NCIIC | r A. Philips | 18 LENGTH OF RES | DENCE (For Hosp | n, or, in desths from Injury and (2) Whether Ditals, Institutions, Tran |
| 13 BIRTH OF MO' (State | or Country) Kell | ler, Va. | At place of death | osds. In the | ne atayrsmos |
| (Information | Mrs. Ged | rof my knowledge Orgia C. Philips | Former or usual residence | | |
| | dress) Kellar, | Va. | 19 PLACE OF BURIAL Kellar Va. | | 7/15/30 , 19 |
| Filed 7 | /14/ 19230 | I.S. Mumford Registra | 20 UNDERTAKER Walter M. Cl | la kk , | Chincoteague |

Wa.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. .. business, that fact may be indicated thus; Farmer (reg. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a c," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as (b) For persons who have no occupation Automobile factory. The material person, irrespective of (b) Grocery, Day

Statement of Cause of Death—Name, first, the DIS-EATE CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> restricture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." can be ascertained as the cause. (secondary or intercurrent) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions," cough; Chronic etc. affection need valvular heart disease; Nomenclature The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No σź

| PLACE OF DEATH |
|---|
| County Worcester |
| near |
| Village or City Snow will (No. |
| 2FULL NAME Edwin & Phill |
| PERSONAL AND STATISTICAL PARTICULARS |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 16 |
| male W MARRIED. Dongle OR DIVORCED (Write the word) |
| DATE OF BIRTH |
| Jan 25 , 1987 |
| (Month) (Day) (Year) th |
| AGE If LESS than an |
| 13 yrs |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) |
| BIRTHPLACE (State or country) . |
| 10 NAME OF FATHERY COST Phillips (Si |
| 11 BIRTHPLACE OF FATHER (State or country) |
| 12 MAIDEN NAME Total Delby 18 |
| 13 BIRTHPLACE OF MOTHER OF (State or Country) Oat |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |
| (Informant) N. C. Phillips Fo |
| (Address) Snow Hill, and |
| Filed 6/28 19230 LE Roy Secret 200 Registrar |
| |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357/

| St.: | Ward) | a tic |
|------|-------|----------|
| | | |

(If death occurred in a hospital or institu-tion, give its NAME It-stend of street and number.)

| MEDICAL CERTIFICATE OF DEATH | | | | | | |
|------------------------------|---|--|--|--|--|--|
| , | 16 DATE OF DEATH | | | | | |
| | (Month) (Day) (Year) | | | | | |
| _ | 17 I HEREBY CERTIFY, That I attended the deceased from | | | | | |
| | | | | | | |
| | that I last saw halive on, 192, | | | | | |
| n | and that death occurred on the date stated above, at 2 - 2 m. | | | | | |
| 3, | The CAUSE OF DEATH * was as follows: | | | | | |
| 5. | Oce information from Physics | | | | | |
| | who first saw him he died | | | | | |
| | hour heart failure while | | | | | |
| Н | in to Thing | | | | | |
| | Lie baller (Dylation) vie p mos de. | | | | | |
| | Contributory Recolably had | | | | | |
| | Typhoed (Duration) yrs _ mgs de. | | | | | |
| _ | (Signed) LE Roy Swith L' Reg 35/ | | | | | |
| | 6/28 192 So(Address) Seese Hill nid | | | | | |
| | | | | | | |
| _ | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | | | | |
| | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- | | | | | |
| _ | ients or Recent Residents) At place In the | | | | | |
| | At place In the of deathyrsmosds. Stateyrsmosds. | | | | | |
| - | Where was disease contracted, if not at place of death? | | | | | |
| | Former or usual residence | | | | | |
| | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | | | | | |
| 1 | Lours Dr. June 29, 1930 | | | | | |
| 4 | 20 UNDERTAKER ADDRESS | | | | | |
| 2 | W. T. HEann Snow Hill | | | | | |
| ar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. | | | | | |

If more bianks are needed, address State Registra

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who rcceive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation (6) Automobile factory. The material Locomotive engineer, (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as "etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart discase; Nomenclature Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Date 1 1846

| PLACE OF DEATH | 09689 STATE OF MARYLAND |
|--|---|
| County Worcester | CERTIFICATE OF DEATH |
| Man | (129) Registration Dist. No. 350 |
| Village or City Pocomoke City (No. R.F.D. # | tion, give is NAME in- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| Male White Widowed. OR DIVORCED Married (Write the word) | 4 1 0 3 50 |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| February 27th. 1990 | 192 g. to aug 2 , 1930, |
| (Month) (Day) (Year) | that I last saw h take alive on and 1 1920 |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 9.45 Pm. |
| 84 yrs. 5 mos. 6 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 84 yrs. 5 mos. 6 ds. or min.? | A. T. A. |
| (a) Trade, profession or particular kind of work | Well Deash and |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration)visftnosde. |
| 9 BIRTHPLACE | Contributory Landly The The Contributory |
| (State or country) | Secondary |
| 10 NAME OF Maryland | (Duration) mos |
| FATHER Wrixam Pilchard | (Signed) M. D. |
| 0 11 BIRTHPLACE OF FATHER | 8-0 1950 (Address) / Teomake Cily lus |
| (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| C 12 MAIDEN NAME | Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans- |
| a Emma Benson | ients or Recent Residents) |
| OF MOTHER () Manual and | At place of death yrs mos. ds, State yrs ds, |
| (State or Country) MALLY LAMO. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse contracted, if not at place of death? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or |
| (Informant) Mrs Geo.W.Pilchard | usual residence |
| (Address)Pocomoke City, Md.R.F.D. 5 | Family Cem. on Farm Near Pocomoke City. Md. Aug. 4th., 19.30 |
| Filed ang of 1923 d & Dotar gis | Pocomoke City Maryland. |
| If more blanks are needed, address tate Registras | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury State cause for which surgical operation was under-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all Measles ; disease;

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| | | | | | |

PLACE OF DEATH

County Worcester

(State or country)

| () | () | -7 | 1 1 |
|----|----|----|-----|
| 4 | 1) | 0 | 7 |
| | | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

| profes | | | | |
|--------|--------|-----|----|--|
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| - 4 | - | ø. | r | |
| | | | | |

Registration Dist. No. 254

| | LL NAME Susan | | chard | St.: Ward) a hospital or institu- tion, give its NAME is stead of street and number.) |
|---|------------------|--|---------------------------------------|---|
| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH |
| Female | 4 COLOR OR RACE | MARRIED, | arried | October (Month) 25th, (Day) 1930 (Year) |
| 6 DATE OF BIR | March (Month) | | , 1858. (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 10 12 1950 that I last saw h & alive on 10 12 1950 |
| 7 AGE | 72 yrs. 7 | | l day hrs. | and that death occurred on the date stated above, at 3,00 A m The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work Housewife | | | | Hypo stalee / neuroseo |
| (b) General n business, or e which employ | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Contributory Chr. My Cardeti Forbiste | |
| 9 BIRTHPLACE | | | | Secondary Secondary |

Maryland 10 NAME OF FATHER 11 BIRTHPLACE RENTS OF FATHER (State or country) Maryland 12 MAIDEN NAME PA OF MOTHER Redden 13 BIRTHPLACE OF MOTHER Maryland (State or Country

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nrs. William J. Filchard

(Address) Girdletree.Nd

| 15 | Filed Det 27 | 13 Hay | 78 Taylet |
|----|--|--------|-----------|
| | () = = = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Registrar |

| 18 LENGTH OF RESIDENCE ients or Recent Residents) | (For | Hospitals, | Institutions, | Trans |
|---|------|-----------------|---------------|-------|
| At place of deathyrsmosds | • | In the State | yrsmos. | d |

(Duration)

(Address)

Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

Disease Causing Death,

Where was disesse contracted, if not at place of dea.h?

usual residence

20 UNDERTAKES

(Signed)

| 9 | PL | ACE | OF | BUR | HAL | OR | KEN | MOVAL | |
|---|-----|-----|-----------|-----|-------|------|-----|-----------|--|
| - | 0+ | ha | di | st | 00 | ma | 10 | 7277 | |
| | U 0 | TTO | like also | 100 | 00 | HILL | VC | - 0 | |
| | CV | +-0 | 00 | +02 | 7" | 0 33 | 777 | and. | |
| 0 | 12 | 00 | CA | UUL | La la | Cled | V | Chillian. | |

DATE OF BURIAL Oct. 27th, 1930

deaths from

(2) Whether

or, in

aryland.

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Solesman, (b) Grocery; man, (b) Automobile foctory. The material For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train-Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, "" "Weakness," etc., when a definite disease Chronic valvular heart disease etc. The contributory Nomenclature of the

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| 1PLACE OF DEATH | | 02087 | STATE OF | MARYLAND |
|--|----------------------------------|---|---|--|
| County Worcester | | | CERTIFICATE | OF DEATH |
| WITHIN CORPORATE LIMITS OF | | 90 | Registration | Dist. No. 346 |
| Village or CityPocomoke City. (No. 2FULL NAME Alice Elizab | | | St: Ward) | (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PART | TICULARS | MEDICA | L CERTIFICATE (| OF DEATH |
| Female White Single, MARRIED WIDOWEI OR DIVOR (Write the | RCED Widow | 16 DATE OF DEATH February | lary 25th | , 1930 5 (Day) 1930(Year) |
| August 9th. (Month) (Day | , 1848. (Year) | 17 au 1 HEREBY | CERTIFY, That I apple 1930, to | |
| 7 AGE 81 yrs. 6 mos. 19 | If LESS than I day hrs. or min.? | and that death occurr | | above, at 1 a 15P m |
| a occupation (a) Trade, profession or Housewife particular kind of work April 100 March 100 Ma | | pudo | lee Roll | afear |
| (b) General nature of industry business, or establishment in which employed or (employer) | | Contributory | (Duration) | yrsds. |
| 9 BIRTHPLACE (State or country) Virginia | | Secondary | (Duration) | vre mos de. |
| 10 NAME OF FATHER James Handy Bal | | (Signed) | (Address) Jake | rila M. D. |
| OF FATHER (State or country) Virginia | | *State the Dis Violent Causes, sta Accidental, Suicidal o | case Causing Death, te (1) Means of In r Homicidal. | or, in deaths from jury and (2) Whether |
| 12 MAIDEN NAME OF MOTHER Elizabeth Melvin 13 BIRTHPLACE OF MOTHER (State or Country) Virginia | 1 | 18 LENGTH OF RES ients or Recent Res At place of death | idents) In the Stat | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNO | OWLEDGE | if not at place of dea.h Former or usual residence | P | |
| (Informant) S.D.Powell (Address) Pocomoke City, | l'd. | Presbyteria Pocomoke Cit | n Cemetary | DATE OF BURIAL Feb.27th. 19.30 |
| 15 Filed 2/27 19278 & | J-Par-CE Registrat | 20 UNDERTAKER | toeusne | Pocomoke City |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-diever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." atic), "Atrophy, Curago, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," "Haemorrhage," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart etc. The contributory Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 7 | | PHYSI. |
|----------------|--------------------------|--|
| (A) | CORD | plied. ACE should be stated EXACTLY, PHYSI. rms so that it may be properly classified. Exactinstructions on back of certificate. |
| U | THIS IS A PERMA ENT CORD | piled. ACE should be stated EXAC: rms so that it may be properly class instructions on back of certificate. |
| ED FOR BINDING | PERMA | tit may be on back |
| FOR | IS A | . AGE so than |
| ED | CHIS | plied rms instr |

| PLACE OF DEATH |
|---|
| |
| County Worcesley |
| 100000000000000000000000000000000000000 |

Village or City Na Snow Will Wo No.

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No. | 3 | 51 |
|--------------|-------|-----|---|----|
| | | | | |

Ward)

(If death occurred in a hospital or institu-

| 6 DATE OF BIRTH Oct., 13, 1930 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from the company of t | 2 FULL NAME Baly Price | tion, give its NAME is stead of street an number.) |
|--|---|--|
| MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from the late stated above, at late of lay hrs. or min.? 8 OCCUPATION MARRIED, WIDOWED, OR DIVORCED (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the late stated above, at lay hrs. or min.? | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| TAGE Opt. 1930 (Month) (Day) (Year) That I attended the deceased from 192 to 192 to 192. That I last saw h alive on 192. The CAUSE OF DEATH * was as follows: Opt. 1930 The CAUSE OF DEATH * was as follows: | MARRIED, WIDOWED. WIDOWED. OR DIVORCED SULLA. | OCK, 12, 19230 |
| O yrs. O mos. O ds. or min.? | Oct , 12 5. 1930 | Y |
| | l dayhrs. | The CAUSE OF DEATH * was as follows: |
| particular kind of work (b) General nature of industry business or establishment in | (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | (Duration) |
| Signed Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Signed Position Sig | 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Secondary (Signed) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs death of the State yrs death yrs death of the State yrs death y |
| (Address) Succeptiel, Md 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) DATE OF BURIAL WESLEY CHECK 1973, 195 | (Address) Suow/fill, mf | mix. Wesley Cen 10/13. 193 |

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

M

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

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anently filed

data is essential and

telanus) may be stated under the head of "contributory." approved stated unless important. American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LZ A PERMA WITH UNFADING INK--THIS IS WRITE

BINDING

MARGIN RESERVED FOR

V. S. No. 1

| PLACE OF DEATH County Warcustur Village or City gran fill M (No | State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. SS St.: Ward) Cutclett St.: Ward) Cutclett State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. SS (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH July 6 , 1980 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 7 AGE Trace profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER | and that death occurred on the date stated above, at |
| (State or Country) V Marian 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wi Walter Price (Address) S My Mill My 15 Filed 7/18 19230 LE Roy Sciulty Registrar | where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL THE WEST AND HELD WAS ADDRESS 20 UNDERTAKER ADDRESS NOW HELD WAS ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

REVISED WITED STATES STANDARD

(Approv by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsia, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

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V. S. No. 1

| 1PLACE OF DEATH | 14201 STATE OF MARYLAND |
|--|---|
| County Worceston | CERTIFICATE OF DEATH |
| ' // - | 90 Registration Dist. No. 351 |
| Village or City Fordlelm, No. 2FULL NAME Selby 1. Pr | St.: Ward) (If death occurred In a hospitul or institution, give its NAME instead of atreet and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH / 50. 4 , 192 |
| Mar. 6, 1862 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 10/30 1930 to 1930, that I last saw h walive on 1930, |
| 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, at |
| a OCCUPATION (a) Trade, profession or particular kind of work | Chr. Valvulitis + my o cashets |
| (b) General nature of industry business, or establishment in hich employed or (employer) | (Duration)yrs,mosds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) yrs |
| 10 NAME OF FATHER SONT Break | (Signed) March Trump M. D. |
| OF FATHER Z (State or country) | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME SONT BOOM | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsds, In theyrsds, Where was disease contracted, |
| (Informant) Ling ill Pruit | Former or usual residence |
| (Address) Snow Itill Ind | 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS |
| Filed /1/6 19230 LE Loy Scent | W. T. HEave Anow Hill |
| If more bianks are needed, address State Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesage. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day nature of the business or industry, and therefore an Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, engineer, or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Megsles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," Committee on nephritis, Chronic etç. affection need not be valvular heart Nomenclature Always qualify all The contributory disease etc., of

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No.

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| PLACE OF DEATH County Vorcestes | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| P4 P4 | Registration Dist, No. 3 |
| Village or City Socklow (No. | St: Ward) (If death occurred Image is a hospital or institution, give its NAME instead of street and |
| 2FULL NAME Still - Bris | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May 6, 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH May 6, 1934 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the decensed from May 6 1930, to May 6 , 1930, that I last saw h And on May 6 , 19270, |
| 7 AGE If LESS that I day hree If Less th | S. The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion) A |
| 10 NAME OF Andrew Pumels | (Signed) Thur Ny Mackeys M. D. |
| OF FATHER (State or country) Maryland 12 MAIDEN NAME 1 + 1 | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Bertha Waters | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? Former or usual residence |
| (Address) Stocklow. Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL More 7, 130 |
| 15 Filed May 7 1920 Harry & Toyley Begistras | 20 UNDERTAKER BENNET Stubler |
| If more banks are needed, address tate Registr | ear, 16 W. Saratoga St., Balto., Requesting V. S. ivo. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, engineer, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material and children, not gainfully em-Architect, Salcsman, Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, approved by telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease earbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as ," "Marasmus," "Old Age, cough; Committee on Chronie etc. affection need valvular heart Nomenclature The contributory Always qualify all " Shock," disease; not be

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3 1930

V. S. No. 1

| | PLACE OF DEATH | STATE OF MARYLAND |
|---|--|---|
| | County Warcesler | CERTIFICATE OF DEATH |
| | Mean A | (129) Registration Dist. No. 3 50 |
| | Village or City O COULD (No. | St.: Ward) (if death occurred in a hospital or institution, give its NAME in- |
| | 2FULL NAME ELES Ma (11. | stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Mole Colored (Write the word) 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH / 10 / 1980 (Month) / (Day/930 (Year) |
| | 6 DATE OF BIRTH October 20, 1849 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1970. to 100 12 , 1970, that I last saw har alive on 900 4 , 1970, |
| | 7 AGE If LESS than | and that death occurred on the date stated above, at \$ 45 Pm. |
| , | 7 / 1 day hrs. | The CAUSE OF DEATH * was as Collows |
| V | D yrs. mos. L ds. or min.? | Chronic Prestwor |
| 1 | (a) Trade, profession or particular kind of work | mpprele |
| | (b) General nature of industry business, or establishment in | 725 |
| J | which employed or (employer) | (Durstion) yrs mos ds, |
| | State or country) Maryland | Contributory Secondary (Duration) yrs |
| | 10 NAME OF SEO, Pleruell | (Signed) Suith M. by |
| | State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | OF MOTHER AND ON A SEASON | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| | 13 BIRTHPLACE OF MOTHER OF MOTHER | ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. |
| | (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF NY KNOWLEDGE | Where was disesse contracted, if not at place of dea.h? |
| | (Informant) Loyd Rescell | Former or usual residence |
| | (Address) Pocomo lo Cety Med | Meal Pacoricole Octy14 Mov 15. 1930 |
| | 15 Filed 11/+3 19270 Coll Horon () | LONING Stevenson To comolo Ce |
| | If more bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart tanure, markey, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E

| PLACE OF DEATH County Worcester | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| CHTAIR CORPORATE LIMITS PE | (129) Registration Dist. No. 38 |
| Village or City Syow Will Mo. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 17 , 1950 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 11/1 1950 to 1927, 1950 that I last saw h walive on 1 776, 195 |
| TAGE about 80 yrs. mos. ds. or min.? | and that death occurred on the date stated above, at |
| (b) General nature of industry abusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) PLACE (State or country) | (Duration) yrs. mos 3 ds Contributory Chr. xeplintis to their Secondary (Duration) |
| 10 NAME OF FATHER Joseph Purnell 11 BIRTHPLACE OF FATHER (State or country) Neon S now fill my 12 MAIDEN NAME OF MOTHER White Many Westington 13 BIRTHPLACE OF MOTHER 14 OF MOTHER 15 DIN MANY Westington 16 OF MOTHER 17 OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. |
| (State or Gounts) near S very Hell, Wd. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annie R Janes (Address) 9 var Hell Md. 15 Filed 1930 L E Core Secret. | Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BUBILL OR REMOVAL Ship full MF. Com. 20c. 19, 1934 |
| Registrar | Chas a furnell Snew Will. |

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Ilouseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

3

nently filed

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and a'l questions telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by stated unless important. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, macunimage, "Shock," "Shock," "Afficiate Afficiate Affi "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever. write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, et .. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Wrs . man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"); Lobar meannowia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Chronic interstitial nephritis, (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic valvular heart etc. The contributory affection need Nomenclature not be disease; underetc., of

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred In Ward) a hospital or institution, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

State......yrs......mos......ds.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner. additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, e pecially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Physician. Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). Furm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; without more precise specification as Day For persons (b) Automobile factory. The material Stationary fireman, etc. But in who have no occupation Grocery;

Ease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhiheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (secondary peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; " "Marasmus, " "Old Age, " "Shock," or intercurrent) Chronic affection need etc. The contributory valvular heart Nomenclature not be disease; etc., of

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S. No. >

| 1PLACE OF DEATH | 06000 STATE OF MARYLAND |
|---|--|
| County Mercella | CERTIFICATE OF DEATH |
| near 6. 11.T | 90 Registration Dist, No. 30/ |
| Village or City Dordlerel | St.: Ward) (If death occurred in |
| 2 FULL NAME Sewel Puruell | tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED | 16 DATE OF DEATH VALLE Z |
| Grole Sol WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| , 1 | aport 25 1930 to Pres 2, 1950, |
| (Month) (Day) (Year) | that I last saw handlive on Williams, 1925, |
| 7 AGE If LESS than I day | and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH * was as follows: |
| Cloud-75 yrs. mos. ds. or min.? | more deal dequerate |
| OCCUPATION (a) Trade, profession or particular kind of work | |
| (b) General nature of industry | nouth |
| business, or establishment in which employed or (employer) | (Duration) |
| 9 BIRTHPLACE (State or country) | Contributory C. S. Cretcher |
| 10 NAME OF A D | (Signed) Jyrs mos ds. |
| FATHER Griekel fernell | 5-3-109 (Address) / 6 |
| OF FATHER Z (State or country) | *State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER CHANGE Steers Pri | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER (State or Country) | of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| nont thedraw. | Former or usual residence. |
| (Informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Gerdletree, Md | Crolsfring Ceco 575-, 19 38 |
| 15 Filed 5/5 1930 LERoy Swith | 20 UNDERTAKER & Element Sources State |
| If more b.anks are needed, address tate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1. Vnd |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present a mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is necesfulness, of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Scrunt, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, whatever, write None. to report specifically the occupations of persons enirst line will be sufficient, e. g., Farmer or Planter, to know engineer, Stationary fireman, etc. For many occupations a single word or term on or At Home, yrs). For persons who have no occupation (a) the kind of work and also (b) the and children, not gainfully em-Architect, Locomotive engineer, But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile, "etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus, 10 ds. Never report mere symptoms or terminal eondi-tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of as fracture of skull, and eonsequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic Example: Measles (disease " "Old Age, " "Shock," etc. The contributory affection Nomenclature need not be Measles; 28

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | 14/02 |
|---|---|
| 1PLACE OF DEATH | STATE OF MARYLAND |
| County Wecester | CERTIFICATE OF DEATH |
| | 740 Registration Dist. No. 352 |
| Village or City Berlin (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wildowed, Married OR DIVORCED (Write the word) | 16 DATE OF DEATH April 21 , 1934 (Month) (Day) (Year) |
| Dec. 14 , 1866 (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 19 19250 to 2 19250 that I last saw h alive on 20 19250 |
| 7 AGE If LESS than I day hrs. hrs. or min. | |
| a) Trade, profession or particular kind of work | Cerebral Hamonhage |
| (b) General nature of industry pusiness, or establishment in which employed or (employer) | Contributory Secondary (Duration) yrs. mos. de |
| 10 NAME OF FATHER Levi Taylor | (Signed) Ca Holland M. D. als 22 1920 (Address) Soly Medy Med |
| OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Laura Ann Pewell 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Maryland | At place of desth yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or usual residence |
| (Informant) Mrs.Frank Hammend | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Berlin Md. Filed Opril 29 1930 IV. Mumford Dieux Registrar | Buckingham Cometery Apr. 23, 1930 20 UNDERTAKER L. W. Burbage Berlin Mu |
| If more branks are needed, address State Registra | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil cugincer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman. (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; approved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, Example: Measles (disease etc. The contributory Nomendature Always qualify all was undernot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ESERV

2

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a r," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic affection need valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| County Moreston | CERTIFICATE OF DEATH |
|--|---|
| 0-4-0-1 | 9 Registration Dist. No. 354 |
| Village or City Stockton (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Jegis Redo | tion, give its NAME it - |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Revole Color or RACE SINGLE, MARRIED, Widow OR DIVORCED (Write the word) | 16 DATE OF DEATH MCR 26, 1900 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | 192 . to |
| 7 AGE | and that death occurred on the date stated above, at 9, 15-Pm. |
| alvit day hrs. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | No or attirded Suyour to be her Heart |
| which employed or (employer) | (Duration)yrsmosde. |
| 9 BIRTHPLACE (State or country) M | Contributory Secondary |
| 10 NAME OF Jevin Manuel, | (Signed Carry 7 Tay Der Mark.) (Signed Carry 7 Tay Der Mark.) |
| OF FATHER (State or country) (State or country) | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Levil and Manuel. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Md, | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) WM. Brittingkary | Former or usual residence |
| (Address) Porowal City Md. | cold It Paulcem Mch 29, 190 |
| 15 Filed Mch 2718d Harry Blanch Registral | Funel & Benneth Stocklynd |
| if more banks are needed, addre a tate Kegistra | , 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, airst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ('Inanition," "Marasmus," "Old Agc," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Measles; Chronic Example: Measles (disease affection etc. The contributory valvular heart nced not be disease;

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| WR | NS I | em |
| | Every Item of information should be carefully suppiled. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E | etatement of OCCUPATION is very important. See instructions on back of certificate. |
| | Digital | - |

| 1 _{PLACE} | OF DEATH | | | | |
|--------------------|----------------|------------|-----------------------|----------------------------------|--------|
| | rcester | LIMITS OF, | | | |
| illage or City | ocomoke | City | (No | | |
| 2FUI | L NAME Ann | ie Ame | lia Ri | chardso | n_ |
| PERSON | IAL AND STA | TISTICAL | PARTICU | ILARS | |
| SEX | 4 COLOR OR R | MA | GLE, RRIED, | | 16 |
| 'emale | White | OR (W) | DIVORCED ite the word | idow | |
| DATE OF BIR | тн | | | | 17 |
| | Octobe | r | 25tl | 1. 1848. | ****** |
| | (7) | Ionth) | (Day) | (Year) | tha |
| AGE | 81 yrs. | 8mos | 12 ds. | If LESS than I day hrs. or min.? | The |
| (b) General na | ofession or Ho | | ?e | | ****** |

Maryland

Trader

atilda Townsend

Maryland

(Address) Pocomoke City, Maryland,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Richardson

Maryland

which employed or (employer)

Samuel

9 BIRTHPLACE (State or country)

ARENTS

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE OF MOTHER

Filed

(State or country) 12 MAIDEN NAME OF MOTHER

(State or Country)

STATE OF MARYLAND CERTIFICATE OF DEATH

114

Registration Dist. No. 370

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME In-stead of street and number.)

| MEDICAL CERTIFICATE OF DEATH |
|---|
| July 7th, 1930 July (Month) 7 (Dayl 930 (Year) |
| I HEREBY CERTIFY, That I attended the deceased from July 4th, 19230 to July 7th, 192 |
| that I last saw h.er. alive on July 7th, 1923 |
| and that death occurred on the date stated above, at 10.50A. The CAUSE OF DEATH * was as follows: |
| Acute diarrhoea. |
| |
| Contributory General debility. Contributory General debility. (Duration) yrs. mos |
| (Signed) M. July 7 192 30(Address) Pocomoke City, Md |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lajury and (2) Whether Accidental, Suicidal or Homicidal. |
| 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recont Residents) |
| At place of deathyrsmosds. In the Stateyrsmosds. |
| Where was disease contracted, if not at place of death? |
| Former or usual residence |
| 10-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Pocomoke City, Maryland, July 9th, 19 2 |
| Pocomoke Cit |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). laborer, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Or Farm laborer, At Home, and children, specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

FOR

MARGIN RESERVED

V. S. No. 1

| | PLACE OF DEATH | 0884 STATE OF MARYLAND |
|--------|---|---|
| 2 | County Worcester | CERTIFICATE OF DEATH |
| | l l | Registration Dist. No. 362 |
| te. | Village or City Manual (No. | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and |
| tifica | 2FULL NAME John S. Rich | and street and number.) |
| cer | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ack of | Make 4 COLOR OR RACE 5 SINGLE. MARRIED, Widness WIDOWED, OR DIVORGED (Write the word) | 16 DATE OF DEATH Jan 3', 1930 |
| Q | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 18 on | aug. 18, 1862 | 1929 192 to Jan 5- ,1930, |
| 110 | (Month) (Day) (Year) | that I last saw here on |
| Lnc | 7 AGE If LESS than I day | and that death occurred on the date stated above, at |
| 181 | yrs. mos. ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 0 | OCCUPATION | |
| 00 | (a) Trade, profession or particular kind of work | Chan's Malandan He + Sugar |
| 11. | (b) General nature of industry | |
| E I | business, or establishment in which employed or (employer) | (Duration) |
| odu | 9 BIRTHPLACE (State or country) Manueland | Contributory Secondary |
| | 10 NAME OF | (Duration) nios ds. |
| A6 | FATHER Chas TX Richardson | (Shed) |
| 90 | IN DIRTHPLACE OF FATHER | 1924 O (Address) |
| 5 | (State or country) Maryland | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 1 | of MOTHER Eller / Telley | 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST-OF MY KNOW LEDGE | Where was disease contracted, if not at place of death? |
| | Mrs Ell. Munch | Former or usual residence |
| 0 | (Informant) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | (Address) Thankell Migh | Emergren Cemeters and 7. 1930 |
| 0 | 15 1 0100 | 20 UNDERTAKER ADDRESS |
| | Filed Jan 7 1930 & U Inumfora Registrar | J. W. Bustage Birlin Mid |
| 1 | lf mora bianks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, household only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Plonler, fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (re-(a) Foremon, (b) Automobile factory. The material Civil engineer, Stationary Irreman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-.,, etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the Laborer-Architect, Locomotive engineer, for the latter statement; it -Coul mine, etc. Womsingle word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) (Recommendations on statement of cause of carbolic ocid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonocum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitiol nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Mcusles (disease "Heart failure," "Haemorrhage," Chronic valvular heart disease, etc. The contributory Mcasles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH County Warces PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE IfLESS than I day hrs. 77 yrs. 18 mos. 28 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (6) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or Country) (Address) If more blanks are needed, address State Registrat 16 W. Saratoga St., Balto., Registing V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 352

(If death occurred in

| ichardson | tion, give its NAME in stead of street and number.) |
|---|---|
| MEDICAL CERTIFIC | ATE OF DEATH |
| 6 DATE OF DEATH OUT | - 20.1130 |
| | 1)(Day) (Year) |
| | at I attended the deceased from |
| hat I last saw hen alive on a | |
| nd that death occurred on the date | |
| ne CAOSE OF DEATH - Was as follo | ows: |
| Cerebral 24, | markage |
| | *************************************** |
| (Duration |)ym 6 mm da |
| Contributory Secondary | |
| Signed) CA H | olland- M. D. |
| QA 22 130 (Address) E | |
| *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. | |
| B LENGTH OF RESIDENCE (For ients or Recent Residents) | Hospitals, Enstitutions, Trans- |
| t place f deathyrs,mosds. | In the State yrs mosds. |
| Where was disease contracted, not at place of death? | 2000000.0.0.0000000.0.0.0.0.0.0.0.0.0.0 |
| ormer or sual residence | |
| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| verseun | Qet. 22, 1930 |
| O UN DERTAKER | ADDRESS |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm loborer, Laborer-Coul mine, etc. Womworker, on may form part of the second statement Spinner, additional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, household only Foreman, (b) Automobile fuctory. The material especially in industrial employments, it is necesor At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salcsman. For persons who have no occupation (not paid Housekeepers who receive a single word or term on 9 Grocery;

Statement of Cause of Death—Name, first, the present to time and causation), using always the same accepted te: n for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Tearbolic acid-probably smedde. The n ture of the injury, (Recommendations on statement of cause of death lclanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. " Uraemia, "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonio (seeondary), Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondar) or intercurrent) affection need Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of " "Weakness," etc., when a definite disease Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular etc. The Nomenolature Always qualify all hearl eontributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Loborer—(oal mine, etc. wolln-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many Physicium, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. to report specifically the occupations of persons en-Foreman, etc., especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as For persons who have no occupation (b) Automobile factory. The materia Locomotive engineer, (6) The ques-Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, uceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is loss definite; avoid American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvulor heort disease; etc. Nomenclature The Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Wor cealer | CERTIFICATE OF DEATH |
| 1. 11 1- 2.1 | (13) Registration Dist. No. 35/ |
| Village or City Hordleber (No | St: Ward) (If death occurred I |
| 2 FULL NAME, Warren Rig | stell an anospite its NAME it stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. | 16 DATE OF DEATH July 23 1230 |
| MIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 IMEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last faw h imalive on Holly 19 , 193 |
| 7 AGE [If LESS than | and that death occurred on the date stated above, atm |
| 10 I day hrs. | The CAUSE OF DEATH * was as follows: |
| yrs. 5 mos. 19 ds. or min.? | Q |
| (a) Trade, profession or | mantion Lever |
| particular kind of work | Lastro arderities cure ? |
| (b) General nature of industry business, or establishment in | (0.:.) |
| which employed or (employer) | (Duration) yrs mos da |
| 9 BIRTHPLACE (State or country) Windliver 2nd | Contributory Secondary |
| 10 NAME OF | Duration yrs mos de |
| FATHER Warren J.B. Rigobee | When Vined In Drow Hill Ma |
| 0 1 BIRTHPLACE | (Address) |
| Z (State or country) | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Ligin Ward | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place In the |
| (State or Country) Many Land | of deathyrsmosds. Stateyrsmosds Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Cinita mulls | Former or usual residence |
| 2 10011 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Onov Vall Ind. | Coolspring Cano 7/24, 19 |
| 15 Filed 7/24 19230 LERoy Seriet | 20 UNDERTAKER |
| Registrar | Man & Walkiams Smowthet |
| | |

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more ranged minc, etc. laborer, Farm laborer, Laborer—Coal minc, etc. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis" etc. "(Exhaustlon," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart diseose; of the

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WRITE

N. B.--

PLACE OF DEATH
County Worceste

04763

STATE OF MARYLAND CERTIFICATE OF DEATH

| AND ADDROUGH COMME | Registration Dist. No. 30/ |
|---|---|
| Village or City Snow Hell (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2 FULL NAME ashing b. B | tion, give its NAME in steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 3/3/2 1927 to 1650 that I last saw h 44 alive on 45, 1920, |
| yrs. 2 mos. 25 ds. or min.? B OCCUPATION (a) Trade, profession or D. 1 | |
| (a) I rade, profession or particular kind of work b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF | Contributory (Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds. |
| FATHER Samuel Riley 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Many Beathard 13 BIRTHPLACE OF MOTHER (State or Country) Many Care of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Samuel Riley (Address) Smow still Eng 15 Filed 4/5 19230 LE Roy Swith | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery:
(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all stated unless important. (secondary or intercurrent) affection Whooping cough, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), Chronic . valvular heart disease; Example: Measles (disease etc. The contributory need not be death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| N. BEvery item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| thould be stated EXACTLY, PH. It may be properly classified. E. on back of certificate. | |
| thould be stated EXACTLY, but may be properly classified. | |
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| | PLACE OF DEATH County Narcester | 0885 | STATE OF N CERTIFICATE Registration I | |
|------------|--|---|--|---|
| incare. | Village or City Borlin mef (No | Chins | St.:Ward) | (If death accounted in |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDI | CAL CERTIFICATE C | OF DEATH |
| 200 | SEX SEX A COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | June7 21 | (Day) (Year) |
| | TAGE OCCUPATION (a) Trade, profession or particular kind of work (Month) (Month) (Day) (Year) (HELSS than I day hrs. or min.? | that I last saw h and that death occu | alive on fractional arted arred on the date stated arred for the date stated arred for the was as follows: | anded the deceased from 1926. |
| שני ומוויי | (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Secondary | (Duration) | yrs,ds, |
| | (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | (Signed) J. 192. *Stato the Violent Causes, Accidental, Suicida | Disease Causing Death, state (1) Means of Inj or Homicidal. ESIDENCE (For Hospit desidents) In the State atracted, | or, in deaths from ury and (2) Whether |
| | (Informant) (Address) Benlin Ma (Address) Filed 23 1930 V Muniford Registrar 15 more branks are needed, address tate Registrar | 19 PLACE OF BURI. 19 PLACE OF BURI. 20 UNDERTAKER LUCK 16 W. Saratoga St. | Clumby Balto, Requesting V. S | JATE OF BURIAL JAM 24, 18 ADDRESS TOWN JUL No. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved tetanus) may be stated under the head of "contributory." stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness, Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on cough; or intercurrent) affection need not be Chronic ," etc., when a definite disease Example: Measles (disease etc. valvular heart Nomenclature The contributory disease; Measles;

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r. S. No. 3

| 1 | PLACE OF DEATH | 15449 STATE OF MARYLAND |
|---------|--|---|
| 1 | County Worker | CERTIFICATE OF DEATH Registration Dist. No. 3 5-2 |
| 10000 | Village or City Berlin (No | St.: Ward) (If death occurred in a hospit 1 or institu- tion, give its NAME is- stend of street andumber.) |
| 100 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ack o | male Block OR RACE 5 INGLE, MARRIED, Wildowed, With the word) | 16 DATE OF DEATH DEC 23, 1090 (aionth) (Day) (Year) |
| 130 021 | 6 DATE OF BIRTH | that I last saw has alive on Occ 22, 1921 |
| CLIOL | (Month) (Day) (Year | and that death occured on the date stated above, at b |
| nustra | 8 2 yrs ds. or idayhrs. or in.? | Chuni heplatis (Internt |
| rigint | particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Harner | (Duration)yrs m.s ds. |
| od wi | 9 BIRTHPLACE (Nate or country) | Secondary (Duration) yrs inc. da |
| s very | 10 NAME OF FATHER James Deckman | (Signed) C 9 Holland in D. Der 24 193 D(Address) Beken ma |
| NOU | OF FATHER (State or country) 12 MAIJEN NAME | * tite the Distaso Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| CUPA | CF MOTHER MORCELINE Cubbins. 13 CIRTHPLACE OF MOTHER OF MOTHER | IS LINGTH OF RESIDENCE (For Lospitals, institutions, Trans- ients or Recent Residents) At place In the fideath yes mos. ds. |
| of OC | (State or Quintry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| ement | (Informant) Annie Robbinis. | Former or usual residence |
| stati | Filed Llec 24 193 0 & V Munifered Registra | Lernautour lendry Dec. 26, 1730. 20 UNDERTAKER J. W. Burbage. Berlin Ma |
| | 16 h anks are needed add to State Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: a additional line is provided for the latter statement : it sary to know fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jiroman, et. But in many Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material Or. For many occupations a single word or term on yr8). At without more precise specification as Doy Home, and children, For persons (a: the kind of work and also (b the If the occupation has been changed Laborerwho have no occupation -Coal mine, etc. Womnot gainfully (6) (recery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Upidemic cerebrospinal menicalisis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia":

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sorcoma, and qualify as ACCIDENTAL, SUICIDAL, or HOMEL' A ., State cause for which surgical operation was under-Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., set xis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature or intercurrent) affection need not be for malignant neoplasms); Measles; Chronic Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart disease; death

If this certificate is backed over thoroughly and all questions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the cartificate is permanently filed.

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| RITE AINLY WITH UNFADING INKTHIS IS A PERMA INT | N. S.—Every Item of information should be carefully supplied. ACE should be stated ECIANS should state CAUSE CF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. Sectine tructions on help of occupations. |
|---|--|
| WRITE | N. BEvery Item of inf CIANS should st statement of OCC |
| | WRITE INLY WITH UNFADING INKTHIS IS A PERMA INT |

| County 1 | Yourster | D.F. | 14203 3 | CERTIFICAT | MARYLAND E OF DEATH Dist. No. 35/ |
|--------------------------|---|---|---|--|--|
| | ULL NAME BO | My Robert | 2566 | St.: Ward | d) (If death occurred in a hospital or institu- tion, give Its NAME In- stead of street and number.) |
| PERSO | NAL AND STATIST | ICAL PARTICULARS | MEDIO | CAL CERTIFICATE | OF DEATH |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIEO, WIDOWED OR DIVORCEO (Write the word) | 16 DATE OF DEATH | | (Day) (Year) |
| 6 DATE OF BI | (Month) | 14 , 1930 (Day) (Year) | | Y CERTIFY, That I at | ttended the deceased from |
| 7 AGE | | If LESS than I day o hrs | and that death occu | | ed above, at Z. Pa. m |
| (b) General business, or | orofession or nd of work nature of industry establishment in | vone | | d bore evefe (Duration) | yis. mos ds |
| III | ountry) OF CLACE HER or country) Rales | Smith gh, n.C. | 1 | (Divation) S. (D | de d |
| of MOT 0 SIRTHF | PLACE Ethel | Robertson Hill my | 18 LENGTH OF Ricents or Recent R At place of deathyrs | ESIDENCE (For Hosp tesidents) In the | e e yrsmosds |
| (Informan | C+0 0 0 | | if not at place of dear Former or usual residence | a.h? | DATE OF BURIAL |
| 15 Filed // | | Registras | 20 UNDERTAKER | V.E. amily | ADDRESS Snowlfill, |
| | If more branks are | needed, addre.s Ltate Kegistra | r, 16 W. Saratoga St., | Balto., Requesting V. | S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation Salesman. Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Recommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably smicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease affection need etc. The contributory Nomenclature of the Always qualify all not be

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| PLACE OF DEATH County Workerter | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 301 |
|---|--|
| Village or City Szow Hilf Ind (No. | St.: Ward) letton St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 30 , 193 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| 10 28 , 1818 | 192, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE If LESS than 1 day hrs. 2 ds. or min.? | and that death occurred on the date stated above, at 8.29m. The CAUSE OF DEATH * was as follows: Mr Physician in allendance |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) S now fill Ind 12 MAIDEN NAME OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) S ment Co. maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Connection 16 Cook 17 Cook 18 Cook 19 Cook 10 Cook 10 Cook 10 Cook 11 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Signed). *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death. yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. |
| (Address) Srow Hell my | 19 PLACE OF BURIAL OR REMOVAL Eleness Country 7 2 30 |
| 15 Filed 2/1 19230 REROY Swith | ches. a. Purnell Snow I fill. |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Heart failure, Liaemorrage, "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia, " "Weakness," etc., when a definite disease (secondary Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. The contributory valvular heart disease;

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| 1PLACE OF DEATH | 09690 |
|--|---|
| County Marcustes | STATE OF MARYLAND CERTIFICATE OF DEATH |
| County | |
| 13.0. | Registration Dist. No. 35 3. |
| Village or City Selection (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | |
| MARRIED, WIDOWED. OR DIVORCED (Write the word) | (Moppe) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, hat I attended the deceased from |
| 10- 23 1831 | |
| (Month) (Day) (Year) | that I last saw he alive on |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| 94 4 14 dayhrs. | The CAUSE OF DEATH * was as follows: |
| yrsmosmin.? | 0 7 4.0 |
| (a) Trade, profession or particular kind of work | Au su sujurus |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs |
| 9 BIRTHPLACE | Contributory |
| (State or country) | (Duration) yrs mosds. |
| 10 NAME OF ATHER ATT | (Signed) M. D. |
| 11 BIRTHPLACE | 5-9-1930 (Address) Bestin 200 |
| OF FATHER Z (State or country) | *State the Discase Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME CON G BURKAGE | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) At place In the |
| OF MOTHER (State of Country) | of deathyrsds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, it not at place of dea h? |
| 12 /2 /da | Former or usual residence |
| (Informant) Julio 1.2. / Wilgins | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Derlen, Mil | Jayla Ville aug. 10,030 |
| Filed 8 / 9 1930 IV Moumbre | 20 MA Burtas Besti MA |
| If more banks are needed, address tate negistral | r, 16 W. Saratoga St., Balto., Leggesting V. S. Ivo. 1. |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation definite saiary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully embusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager, Civil engineer, tion applies to each and every person, irrespective ci worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, who are engaged in the duties of the (b) Stationary fireman, etc. But in many Automobile factory. The materia Locomotive engineer, (b) Grocery, ."" "Deal-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic Example: Measles (disease The nature of the injury, etc. The contributory valvular heart disease; Nomenclature of the etc., of

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| X | CORD | EXACTLY, |
| ING | IS A PERMITENT | . ACE chould be stated EXACTLY, PHYSI- |
| SIND | PERM | shoul it ma |
| FOR BINDING | IS A | ACE to that |

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County Worcesler | CERTIFICATE OF DEATH |
| 1 | Registration Dist. No. 352 |
| Village or City Wear Uty (No. | St: Ward) (If death occurred in |
| 2FULL NAME Joseph James | Podgers. Ward a hospital or institution, give its NAME instend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Writa the word) | 16 DATE OF DEATH Sept 8, 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| July 6 , 1930 | tinatelinded, 192, |
| (Month) (Day) (Year) | that I last saw h emalive on well 10, 1923 14, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at m. |
| vrs. mos. ds. or min. | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Ileo Colitis Probably |
| (b) General nature of industry pusiness, or establishment in | (Duration) yrs |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) Mary land. | Secondary (Duration) yrs mos ds, |
| 10 NAME OF STAR RODGESS. | (Signed) C 9 Holland M.D. |
| U II BIRTHPLACE | Sept F 1920 (Address) Berlin md. |
| C (State or country) | *State the Disease Causing Death, or, in deaths from Victorit Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Wospie Mc Carlis | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. |
| (State or Country) V Mquua | Where was disease contracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? |
| (Informant) Mr. Deage Codges | usual res.dence |
| (Address) Ocean Coff ms | EVERYPEER Sept 8, 1931 |
| 15 Filed 9/8/ 1930 1-8 Munifor | Le Burbage Berlin ma |
| If more blanks are needed, address Ltate Negistral | r, 16 W. Saratoga St., Balto., Lequesting V. S. ho. 1. |

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(Approved by U. S. Census and American Public Health Association.)

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"PUERPERAL se ticaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anacmia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart Measles ; disease;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH stated EXACTLY, I properly classifled of certiflcate. Registration Dist. No. 3 5 9 (If death occurred in St.: Ward) a hospital or institution, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL/CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED, og may be WIDOWED. OR DIVORCED plnou (Write the word) ...(Day)..... I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH no that structions (Day) (Month) Ilf LESS than 7 AGE 80 and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH * was as follows: torms or min.? = B OCCUPATION 90 (a) Trade, profession or 200 particular kind of work pial arefully nt. (b) General nature of industry business, or establishment in (Duration) _____vrs. ____ mos.____ orta which employed or (employer)...... I Contributory Impo 9 BIRTHPLACE Secondary ATI (State or country) (Duration) QH F DE OG 10 NAME OF FATHER shore E CF 9 (Address) 11 BIRTHPLACE S OF FATHER *State the Disease Causing Death, or, in CAUSI deaths from Z Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ш 12 MAIDEN NAME Informati D. 18 LINGTH OF RESIDENCE (For liospitals, Institutions, Transd Ad CU2A ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER W O of death yrs mos. ds. (State or Country uld of O Where was disesse contracted, it not at place of dea h?.... of 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE 1001 Every item CIANS sho ptatement of Former or usual residence 19 HACE OF BURIAL OR REMOVAL 20 UNDERTAKER DDRESS Filed If more banks are needed, address tate Negistray, 76 W. Saratoga St., Balto., Lyquesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process of minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). At Home, and children, not gainfully em-For persons who have no occupation (b) n mill; (a) Salesman. (b) Grocery;
Automobile factory. The material As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY " "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection need not be etc. The valvular heart disease; contributory Measles ;

If this certificate is looked over thoroughly and all quantions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

oi.

| _ | 2FC | JLL NAME | 9/// | V.1. — | |
|-------|---|--|-----------------------------|---|---------|
| | PERSO | NAL AND | STATIST | ICAL PARTIC | CULA |
| | SEX | 4 COLOR | OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo | VV/ |
| - | AALE DATE OF BII | RTH | | (Write the wo | rd) |
| | | | 1 17-12, (Month) | / g' | |
| 7 | AGE | 70 | 1 4 | 1.5 | If I |
| X | a) Trade, proporticular kir | rofession or nd of work | | mos. 15 | ds. or. |
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02038

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| | stead of street as number.) |
|--|---|
| MEDICAL CERTIFICAT | TE OF DEATH |
| 16 DATE OF DEATH Jub. | 3 , 1930 |
| | (Day) (Year) |
| 17 I HEREBY CERTIFY, That I | |
| | , 192 |
| that I last saw halive on | |
| and that death occurred on the date st | ated above, atr |
| The CAUSE OF DEATH * was as follows | 8: |
| 12 11 | |
| Chr. rephri | w |
| | |
| (Duration) | yrsmose |
| | |
| Contributory Secondary | *************************************** |
| | |
| (Dyrajion) | 1 yrs. mos |
| (Signed Las. (Durgion) | O yrs mos, d |
| (Signed Chas. 17. | tar M. |
| (Signed Los. P. 2 - 4 - 1930 (Address) 5 | Estimend |
| (Signed Chas. 17. | Perlin mod |
| (Signed 1930 (Address) 1930 (Address | eath, or, in deaths from Injury and (2) Whether |
| *State the Disease Causing Of Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Homicidal Causes of Recent Residents) At place | ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Translathe |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hoients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, | ath, or, in deaths from Injury and (2) Whether ospitals, Institutions, Trans |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Home to the contract of death with the contract of death with the contracted, if not at place of death? | ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Translathe |
| *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Heients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or | ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Translathe |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hoierts or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. | ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Translathe |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Heients or Recent Residents) At place of death yrs. mos. de. Where was disease contracted, if not at place of death? Former or usual residence. | nath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Transit the State yrs mos co |
| *State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hoients or Recent Residents) At place Indee of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. | ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Transite State |

If more branks are needed, addres. State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Form loborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The materia If the occupation has been changed -Coal mine, etc. not gainfully em-But in many Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted team for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by "PUERPERAL septicucmia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," "Senile," etc., "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Committee on Nomenclature Chronic etc. The contributory valvular heart Always qualify all "Haemorrhage, Measles ; diseose ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) certificate. tion, give its NAME in-stead of street and number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from that struction (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work G (b) General nature of industry d business, or establishment in (Duration) __yrs..... mos..... importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Be EA (Duration) 00 10 NAME OF 3 1 Shou 192 (Address) 11 BIRTHPLXCE ENTS *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUSE OF FATHER (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State.....yrs....................... of death yrs mosds, (State or Country) Where was disease contracted, should if not at place of death? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS 20 UNDERTAKER Filed If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cools, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman. nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ,,, etc., Foremon, (b) Automobile foctory. The material especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the (b)Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL pertlouitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping inges, perilonaeum, etc., Carcinoma, Sareona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of taken. FOR VIOLENT DEATHS State MEANS OF INJURY Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvulor, etc. Th The contributory Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

| PLACE OF DEATH, County Workester | 12842 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| 8+ | Registration Dist. No. 354 |
| Village or City Pleachen (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3/SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH Of 1980 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h Malive on Oct 4, 1920. |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 5 m. m. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work General nature of industry business, or establishment in which employed or (employer) | (Duration) yrs 3 mos. ds. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 21 A A A A A A A A A A A A A A A A A A A | Contributory Secondary Duration) VIS. mos ds (Signed) |
| II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Curic h. Veshofo 13 BIRTHPLACE OF MOTHER (State or Country) Caryloud | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. In the Stateyrsds Where was disease contracted, |
| (Informant) (Informant) (Informant) | if not at place of dea.h? Former or usual residence |
| (Address) Stoceton. Ned | 19 PLOCE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS |
| Registra: | , 16 W. Saratogk St., Balto., Requesting V. S. No. 1. |
| | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed. as At school, or At home. Care should be taken work, or At Home, en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. to report specifically the occupations of persons, enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, to know (a) the kind of work and also (b) the engineer, For many occupations a single word or term on grs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. But in many and children, not gainfully em-Locomotive engineer,

Statement of Cause of Death—Name, first, the breaker causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) keeominendations on statement of cause of death telanies) may be stated under the head of "contributory." atie), "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondi resulting from childbirth or miscarriage as cough; Chronic valvular heart Carcinoma, Sarcoma, etc., of Nomenclature The contributory Always qualify all not be disease;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

V S. No. 1

| 1 | | , PHYSI- | |
|-----------------------------|--|---|--------|
| | CORD | EXACTL) | 1 |
| | NT | proportion of cert | (4.1 |
| DINDING | PERMA | chould be | -3 4:0 |
| 201 | IS A | so that | 7 |
| ロルンロフ | KTHIS | y supplied In terms See instr | 8 |
| MARGIN RECERVED FOR BINDING | NFADING IN | d be carefully DEATH in pla | - |
| M | WRITE INLY WITH UNFADING INK-THIS IS A PERMACNT CORD | N. B.—Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF BEATH in plain terms so that it may be proporty classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | 1 |
| (| () E | n of infood | 1- |
| | WRIT | lans statemen | |
| (| T | B. Ev | |
| | | Z | |

| PLACE OF DEATH | 69691 STATE OF MARYLAND |
|--|--|
| County Worcestos | CERTIFICATE OF DEATH |
| 10. | Registration Dist. No. 3 57 |
| Village or City Frollets (No | St.: Ward) a hospital or institu |
| 2FULL NAME Charles C. B | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Que 20, 192 30 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Feb. 14 1839 | 2/1/ 1930 to 8/70, 193 (|
| (Month) (Day) . (Year) | that I last saw h simalive on 8/20, 1920, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at 3.00 |
|) / ldayhrs. | The CAUSE OF DEATH * was as follows: |
| yrs. 6 mos. 6 ds. or min.? | Conscience for control |
| (a) Trade, profession or particular kind of work Superious Jakes | J |
| (b) General nature of industry business, or establishment in | , |
| which comployed or (employer) | (Duration) vs., vs., mos., de |
| O BIRTHPLACE (State or country) Prayaland | Contributory Secondary (Durstion) |
| 10 NAME OF | (Signed) marnly tayo M. D. |
| FATHER James Prowley | 8/1/30 (Address) Devo Ase, ly |
| OF FATHER Z (State or country) | *State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| E 12 MAIDEN NAME | Accidental, Suicidal or Homicidal. |
| of MOTHER Margant Prowley | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place in the |
| (State or Country) Many land | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea.h? |
| (Informant) Gro. J. Barres Ar. | usual residence |
| (Address) Gordletins, Incl | Gordletus Ord. Aug 22, 1930 |
| 15 Filed 8/22 19230 LE Coy Sweeth | 20 UNDERTAKER ADDRESS |
| | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | |

(Approved by U. S. Census and American Public Health Association.)

loborer, Farm laborer, Luborer—Coat many, loborer, Farm laborer, Luborer—Coat many, at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from greed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Paysician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Ethaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic Example: Measles (disease valvular hcart disease; affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-

| PLACE OF DEATH | 06002 STATE OF MARYLAND |
|---|---|
| County Norcesler | CERTIFICATE OF DEATH |
| 0+01 | (29) Registration Dist. No. 254 |
| Village or City Silvektow (No. | St.: Ward) (If death occurred in |
| FULL NAME Louisa Ront | St.: Ward) a (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.) |
| -roll NAME - July 1 | number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Temple leolored 5 single, Married, WIDOWED Married (Write the word) | 16 DATE OF DEATH May 19, 1980 (Nonth) (Day) (Year) |
| 6 DATE OF BIRTH Anknown, 1 | 17 I HEREBY CERTIFY, That I attended the deceased from 1923 O to May 18, 1970 |
| (Month) (Day) (Year) | that Mast saw h Nalive on Mark 18, 19230, |
| 7 AGE If LESS than | |
| about 9/ | |
| /6 yrs. mos. ds. or min.? | f. f. |
| (a) Trade, profession or | Telmondo All brilled |
| particular kind of work Doublewife | |
| (b) General nature of industry business, or establishment in | 1 |
| which employed or (employer) | (Durstion) |
| 9 BIRTHPLACE | Contributory MALSSAR |
| (State or country) | Secondary |
| 1 10 NAME OF | (Durstion) yrs de. |
| FATHER Unternorm | (Signed) A M. D. M. D. |
| U II BIRTHPLACE | May 19 18 D (Address) Soll Tolk Land May |
| C (State or country) | *State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER WILLIAMS | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER | At place of deathmosds. In the Stateyrsmosds. |
| (State or Country) | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea.h? |
| (Informant) Charles Jaylor | usual residence |
| (Address) Pocomske leit, My 9 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 21, 1930 |
| Filed May 2 / 1927 Haugh Taslov Registras | Purnell & Bennett Stocklow Md |
| If more b.anks are needed, addre.s Ltate Kegistras | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," ctc., Spinner, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e.g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, be used only when needed. As examples: (a) Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) man, (b) Automobile factory. The without more precise specification as Day Compositor, For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer, not gainfully em-6 material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage (name origin; "Cancer" is less definite; avoid Committee Chronic on affection need not be etc. The contributory valvular heart Nomenclature Measles; disease; etc., of as

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PLACE OF DEATH

| County Nozcesten | 06003 CERTIFICATE OF DEATH |
|--|--|
| 0. 0. | 90 Registration Dist. No. 3 574 |
| Village or City Stocktors (No. | St.: Ward) (If death occurred in a hospital or Institution, give its NAME in |
| 2FULL NAME Masking Lee | Roully steed of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Colored Single, MARRIED, MIDOWED OR DIVORGED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| Sept. 30, 1902 (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 11/1/19 192 192 192 192 192 192 192 192 192 1 |
| 7 AGE 27 yrs. 7 mos. 6 de. or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Valuation 25 yrs. inos. de |
| 10 NAME OF FATHER James Rowley 11 BIRTHPLACE OF FATHER (State or country) (State or country) | (Signed) John Duration) (Signed) John Duration) (Signed) John Duration (Address) John Duration (Signed) John Duration (Si |
| 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. |
| (Informant) Stary Rowley (Address) Stockton MId. 15 Filed May 17 1920 Hary Hayley | Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLAGE OF BURIAL OR REMOVAL May / 8, 1936 20 UNDERTAKER ADDRESS |
| Megistra: | ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |

STATE OF MARYLAND

(Approved by U. S. Consus and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e.g., Farmer or Planter, Foreman, cugincer, or At especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Home, (b) Automobile factory. The material Stationary fireman, etc. But in many and children, not gainfully em-Architect, Locomotive (b) engineer Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus, Out anger "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases can be ascertained as the cause. (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; or intercurrent) Chronicaffection need not be etc. valvular heart Nomenclature The contributory Always qualify all disease; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specifications, laborer, Laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Grocery;

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart Always qualify all disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) Village or C a hospit...l er institution, give its NAME is stend of street and sumber.) 2FULL NAME certi proper MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS of 16 DATE OF DEATH MARRIED. may be 0 WIDOWED ğ CR DIVORCED (Write the word) should 6 DATE OF BIRTH 20 O tions that (Day) (Year (Lionth) C and that death occured on the date stated above, FLESS than 7 AGE I day & hrs ds. orBO min. (1) 8 OCCUPATION to (a) Trade, profession or lain t. Se particular kind of work (b) General nature of industry ATM in pl. business, or establishment in (Duration) ____yrs,.... which employed cr (employer) Contributory Secondary 9 BIRTHPLACE (State or country 4 10 NAME OF (Address) *State the Disrase Causing Death, or, in deaths frem Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. WZ RENT (State or country CAU ati 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans-4 ients or Recent Residents) state CCUP/ In the 13 EIRTHPLACE At place State ... of death yrs mos ds. OF MOTHER (State or country Where was disease contracted. Ö TO if not at place of death? .. should MY KNOWLEDGE of Former or usual residence. Every it 15 Registrat m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: c business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, et. But in many the first line will be sufficient, e.g. Firmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Statement of Occupation Precise statement of ocyed, as 'At school, or At home. Care should be taken report specifically the occupations of Foreman, to know For many occupations a single word or term on Farm laborer, yrs). At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer--Coal mine, etc. not gainfully em-(4) persons (Fromery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: "webrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumonia":

as fracture of skull, and consequences (e.g., se, ses, tetanus) may be stated under the head of "contributory". can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "(Exhaustion," "Heart Innure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Wenkness," etc., when a definite disease carbolic acid-probably suncide. The niture of the injury, or as probably such, if impossible to determine deficitely. State cause for which surgical operation was under-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) approved Recommendations on statement of eause of accident; Revolver wound of head-homicide; Poisoned by Examples: A coidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A., (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on is indefinite); Tuberculosis of lungs, menor intercurrent) affection need not be Chronic Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage," etc. valvular heart diseuse; Nomenclature The contributory Measles ; death

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. . . the data is essential and must be obtained before the certificate is permanently filed.

| upplied. ACE should be stat EXACTLY, P | terms so that it may be properly classified. | se instructions on back of certificate. | |
|--|--|---|--|
| . BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, P | CIANS should state CAUSE OF DEATH in plain | statement of OCCUPATION is very important. See instructions on back of oertificate. | |

| PLACE OF DEATH County Occasion | 04764 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| n. Promote | Registration Dist. No. 358 |
| Village or City (No | St.: Ward) Nachvilles St.: Ward) (If death occurred la hospital or institution, give its NAME instead of number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Dsy) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h selive on 192 , |
| 7 AGE | and that death occurred on the date stated above, atm, The CAUSE OF DEATH + was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | beath no nusse as |
| business, or establishment in which employed or (employer) | (Duration)ds, |
| 9 BIRTHPLACE (State or country) Such | Contributory Secondary (Duration) |
| 10 NAME OF Scholeell | (Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D |
| OF FATHER (State or country) (State or country) | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER OISE HOVEL | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? |
| (Informant) Poco ole mid | 15 PRACE OF BURIAL OR REMOVAL DATE, OF BURIAL Common Kunty 4 4 19 20 |
| 15 Filed 4-14 1993 V (& 4 Storpes Registras | 20 GOVDERTAKER, Shoofed Previole Po |
| If more blanks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

business, that faet may be indicated thus; Former (restate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestie service for wages, as Servont, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a Form laborer, without more precise specification as (b) Automobile factory. The material Loborer-Coal mine, etc. Womsingle word or term on (b) The ques-Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feath. (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS, OF INJUNY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopncumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronie Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | Ubbby STATE OF MARYLAND |
|---|---|
| County // Belester | CERTIFICATE OF DEATH |
| n Parametede | Registration Diat. No. 3 50 |
| Village or City | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Com Lee Det | hofield tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month), (Day) (Year) |
| 6 DATE OF BIRTH Oct 3/ 1928 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw bet alive on ho 26, 19270, |
| 7 AGE [If LESS that | |
| / yrs. 6 mos. 2 8 ds. or min. | 1 6 |
| a occupation (a) Trade, profession or Nove | |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | yrsmosda. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) yrs mos ds. |
| 10 NAME OF FATHER John. Holdu | (Signed) - Cultiplan M.D. |
| II BIRTHPLACE OF FAITHER (State or country) 12 MAIDEN NAME | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| V OF MOTHER / A C NO | Accidental, Suicidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State of Country) Maryland. | At place of deathyrsds. In the Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of doa.h? |
| the toudox about hele | K Former or usual residence |
| (Address) Course la Cety Ma. | 19) PHACE OF BURIAL OF EMOVAL TO DATE OF BURIAL |
| 15 Filed 5/30 19286 ESHON- DIS | 20 UNDERTAKER APPRESS |
| Registra: (| as 16 W Saveton St. Balta Properties V. S. Inc. 1. |
| ir more blanks are needed, address tate Registra | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emcupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Spinner, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tle mist line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. etc., Without more process. Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a especially in industrial employments, it is necesyrs). (b) Colton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-(b) For persons who have no occupation Stationary fireman, etc. (not paid Housekeepers who receive a Automobile factory. The material single word or term on person, irrespective of Locomolive But in many (b) engineer, Grocery;

Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report merc symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; for malignant neoplasms); Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the Measles; " etc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Warces (1) | CERTIFICATE OF DEATH |
| WITHIN CORPORATE AMIES OF | (7) |
| La Parassota teete | Registration Dist. No. |
| Village or City Co Mo. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME HAUME | Chaffeld stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| Thurse located (Write the word) | (Month) 4 (Day) 930 (Year) |
| 6 DATE OF BIRTH | 17/ I HEREBY CERTIFY, That I attended the deceased from |
| 92 - Thui, 1882 | had no Phina, 192, |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE | |
| 8 yrs. mos. de. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | hand dear the state of the |
| (a) Trade, profession or Carticular kind of work | your was not |
| (b) General nature of industry | very all prevously. Cent & Sala |
| business, or establishment in | (Duration) yrs mos de. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) Maryland | Secondary Duration as yes mos ds. |
| 10 NAME OF FATHER | (Signed) E M. D. |
| U 11 BIRTHPLACE I I I | 6/5 1923 (Address) Drenny City |
| Z (State or country) | *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER James to Justin | 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER | At place of deathyrsmosds. Stateyrsmosds. |
| (State or Country) | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) to the Survey full | usual residence |
| O.P. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Halls Still Cury 6 16, 130 |
| Filed 6 -5 1923 & Solory is Registrar | 20 UNDERTHER FORTHUM JADDRESS |
| If more branks are needed, addre.s State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| | ned, |

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, sary to know Civil engincer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. " etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by diseases resulting from cbildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

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| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Warrester | CERTIFICATE OF DEATH |
| To Part William Control of the Contr | Registration Dist. No. 350 |
| m Promode ty | Registration Dist. No. |
| Village or City (No. | St.: Ward) (If death occurred in a hospital or institu- |
| Mas Stal | tion, give its NAME is - |
| 2FULL NAME 1 1 24 CNa X | Collins Shafeld stend of street and number.) |
| | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| WIDOWED. | , 1929 |
| (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Nov 26, 1936 | 192 . to , 192 . , |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE IIFLESS than | and that death occurred on the date stated above, at |
| I day hrs. | The CAUSE OF DEATH * was as follows: |
| yrs. mos. e) ds. or min.? | Olla Sella He |
| 8 OCCUPATION | Towally Red Corellar |
| (a) Trade, profession or particular kind of work | S Mrs |
| (b) General nature of industry | Mos with |
| business, or establishment in | (Duration)yrs,mos,ds. |
| which employed or (employer) | Contributory |
| 9 BIRTHPLACE (State or country) | Secondary |
| (State of country) | Duration 15 310. 1 mos |
| TO NAME OF STATES (AM A Lockling) | (Signed) B 1 Harpes 2 M.D. |
| FATHER CHOMONOSON SOUTH | 13/2/1923 AAddress) Dalmolla |
| U 11 BIRTHPLACE OF FATHER | |
| Z (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF A | |
| of MOTHER Vary Doposty | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| OF MOTHER (State or Country) | of deathyrsds. Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| 1. 1 1. 11. | Former or |
| (Informant) Cuchus Valus | usual residence |
| Par ser | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Son anns certy 11/3, 1930 |
| 15 pl 1982 Dimn & S. S. S. Horry | 20 UN DERTAKER ADDRESS |
| Filed Page Registrar | Cuolin bolling 12/3/187 |
| If more blanks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., Spinner, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATHI, gaged in domestic service for wages, as Scrvant, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-IDEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospiual ed term for the same disease. Examples: Cerebrospiual fever (the only definite synonym is "Epidemic cerebrospiual meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need acceptant. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart The contributory Always qualify all Measles ;

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| PLACE OF DEATH | 15451 STATE OF MARYLAND |
|--|---|
| County borcelle. | CERTIFICATE OF DEATH |
| | (75-f) Registration Dist. No. 3 J |
| Village or City Curry (No | St.: Ward) (If death occurred in |
| 2FULL NAME Sarah & Schools | tion, give its NAME it |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| Ferral Negro (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 A I HEREBY CERTIFY, That I attended the deceased from |
| 3 8 1876 | ale 3 1920.00 Die 3, 1920. |
| (Month) (Day) (Year) | that I last saw her alive on Dec 3 , 1926, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at 12,30 a.m. |
| The state of the s | The CAUSE OF DEATH * was as follows: |
| O 7 yrs. O mos. ds. or min.? | Leural Varalyero |
| B OCCUPATION (a) Trade, profession or | of nurrow askse |
| particular kind of work & Tousung | |
| (b) General nature of industry business, or establishment in | |
| hich employed or (employer) | (Durstion)yrs,mosds. |
| 9 BIRTHPLACE (State or country) Manyloud | Contributory Secondary |
| 10 NAME OF | Duration yrsmosds. |
| FATHER Ly Valuur | (Signed) M, D, |
| M 11 BIRTHPLACE | Address) During My |
| OF FATHER (State or country) OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER HAVELL Britting Low | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE | At place In the |
| OF MOTHER (State or Country) Manyloud | of deathyrsds. Stateyrsds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Littleton Scheruful | Former or usual residence |
| (Address) Dury Vill. mg | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEC 7 1934 |
| 15 Filed 13/4 19230 LEtoy Swith | 20 UNDERTAKER ADDRESS |
| Registrar | Masy well turnel |
| lf more branks are needed, address Ltate Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in Locomotive engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros mial fever (the only definite synonym is "Epidemic terebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) as fracture of skull, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Old Age, " "Shock, ," "Coma," "Convulsions, affection need etc. The contributory valvular heart disease; Measles; not be death " etc.

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N.

| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Worcestu | 10825 CERTIFICATE OF DEATH |
| Re P. | Registration Dist. No. |
| Village or City Surply (No. | St.: Ward) (If death occurred in a hospital or institu- |
| 2FULL NAME Edural S | tion, give its NAME is stend of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Maried Mall Color or RACE SINGLE. MARRIED WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 1923 (Month) (Day) (Year) |
| 6 DATE OF BIRTH Moving (Moath) (Day) (Year) | that I last saw have on Soft 12. 1923. |
| 7 AGE 5 yrs. 9 mos. ds. lf LESS than 1 day hrs. or min.? | and that death occurred on the date stated above, at # Gm. The CAUSE OF DEATH * was as follows: |
| e OCCUPATION (a) Trade, profession or Jaburi, particular kind of work | Seerebral Hemoushage |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration) about 3 lessus |
| 9 BIRTHPLACE (State or country) Valence | Contributory Secondary (Duration)yrsmosds. |
| 10 NAME OF FATHER ISEAN Selly. | (Signed) John D. Dickerson, D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Many Conles. | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) | At place of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea h? Former or usual residence |
| (Address) Sweether Mid | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SERVICE S |
| 15 Filed Sg/15 1921 Harry & Turker | address Suthly |
| If more b.anks are needed, address ttate Kegistran | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

work, sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., cases, Paysician, Compositor, Architect, Locomotive engeneer, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Collon mill; (a) Salcsman, without more precise specification as For persons who have no occupation (b) Automobile factory. The material person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection were (disease important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nophritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

Z. B.

| 1 PLACE OF DEATH County Worcester | O2089 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 |
|---|---|
| Village or City New Snaw Holl(No. 2FULL NAME Calbon Sha | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male colored Single, Married Wilowed, OR DIVORCED (Write the word) | 16 DATE OF DEATH Flb 24, 1930 (Month) (Day) (Year) |
| 2 24 , 1863 (Month) (Day) (Year) AGE [If LESS than | 17 JI HEREBY CERTIFY, That Latended the deceased from 190. to JUNE 190, that I last saw h Mulalive on JUONE 190, and that death occurred on the date stated above, at 7.30 f. m. |
| CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | The CAUSE OF DEATH * was as follows: Fractures Pkull Courses by Luing eccalulably struct by Automobile (Duration) — yrs. — mos. — ds. Contributory |
| (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | Secondary (Duration) (Signed) (Signed) (State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. |
| (Informant) Avgur Showley (Address) Frun Fri Mid | Where was disease contracted, if not at place of death? Former or usual residence |
| Filed 2/26 19230 LE Coy Swith Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |
| If more blanks are needed, address State Registrar | 10 4. Dataroka Dr., Datro., Medicestrick 1. o. v.o. v. |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queser," etc., without more process. Vom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Salesman, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15452

STATE OF MARYLAND CERTIFICATE OF DEATH

| county 100 Live County | CERTIFICATE OF BEATTI |
|--|---|
| O O | (29) Registration Dist. No. 3 5 2 |
| Village or City Derlin (No | St.: Ward) (If death occurred in |
| 2FULL NAME Luther Shock | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 29, 19 5 0 |
| 6 DATE OF BIRTH 20, 1928 (Month) (Day) (Year) | that I last saw h wive on 1980. |
| 7 AGE / yrs. 6 mos. 4 ds. If LESS than 1 day hrs. or min.? | |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Chumic heplands (Duration) |
| 10 NAME OF FATHER Shockley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) 14 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) | (Sizeed) |
| (Informant) Jul Shockley | if not at place of death? |
| (Address) Berlin Mg | Julpones Church. Dec. 27, 1931 |

If more bianks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(o) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womthat fact may be indicated thus; Furmer Line without more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

spinal meningitis"; Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; fever (the only definite synonym is "Epidemic cerebra ed te: n for the same disease. Examples: ('crebrospind to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dia pneumonia, Bronchopucumonia ("Pneumonia;

> American Medical Association. approved by Committee on Nomenelature The commendations on statement of cause of letanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercun be ascertained, as the cause. "E:haustion," "Debility" as fracture of skull, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY Never report mere symptoms or terminal condi-("Congenital," "Senile," etc., "Dropsy, on," "Heart failure," "Huemorrhage, cough; Chronic valvulor and consequences (e. g., sepsis, affection need etc. The Always qualify all heart disease; contributory not be

BURBA permanently filed Mark ans ered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate is this certificate is looked over thoroughly and al questions

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| PLACE OF DEATH County Warester | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| ○ / · | Registration Dist. No. 353 |
| Village or City Whalespulle (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| 2FULL NAME — Showell | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May 3 , 1920 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, 192, |
| 7 AGE Stillborn I day hrs. yrs. mos. ds. or min.? | and that death occurred on the date stated above, at |
| OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | Atillian |
| business, or establishment in which employed or (employer) | (Duration)yrs,mosds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) A. yrs |
| 10 NAME OF FATHER wis Showell, b. | (Signed) James & Kara Jocal Registras. 192 (Address) Bishopvill m |
| OF FATHER Z (State or country) | *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Jara Lingle | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place In the of deathyrsmosds, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Lemus Shawell | Former or usual residence |
| (Address) Whaley ville Md. | DATE OF BURIAL OR REMOVAL DATE OF BURIAL May 3, 19 34 |
| Filed 6/. 1930 Registrar | Father Biolop Md |
| If more hanks are needed added a tate Registra | . 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealfor many occupations a single word or term on of first line will be sufficient, e.g., Farmer or Planter, on sicion. Companion Assistant T Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the Locomotive engineer, But in many

Approved by Committee on Nome and the head approved by Committee on Nome approved by Committee o

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; I this certificate is tooked over thoroughly and all questions answered in detail-Tt will previous further chrespondence. All the data is essential and must be obtained before the certificate is permanently filed. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature of the not be

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE WIDOWED SEE R DIVORCED that I last saw h alive on (Year 7 AGE lifLESS than I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? BOCCUPATION (a) 1 rade, profession or particular kind of work b) General nature of industry business, or establishment in which employed cr (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) 10 NAME OF FATHER 1900 (Address) 11 BIRTHPLACE OF FATHER (State or country) 2 12 MAIDEN NAME PA 00 ients or Recent Residents) for tat 13 BIRTHPLACE At place OF MOTHER of death. (State or country 00 Where was disease contracted, if not at place of death? .. Former or usual residence. (1) tat < OG 15 If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

Ward) (If death occurred in a hospital er institution, give Its NAME in stead of street and number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased from , to_____ and that death occured on the date stated above, at .. (Duration) *State the Discase Causing Death, or, in Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For hospitule, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Ilousemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay taborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health fulness of various pursuits can be known. The queswhatever, write None. to report ployed, as At school, ar At home. Care should be taken nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Firmer or Planter, Statement of Occupation-Precise statement of oc-Physician, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Home, and children, For many occupations a single word or term on specifically the occupations of Compositor, Architect, For persons who have no occupation not gainfully empersons en-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite discase tetunus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy." (secondary or intercurrent) affection need not seen intercurrent. Example: Measles (disease as fracture of skull, and consequences (e.g., sersus, carbolic acid-probably sucide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Exhaustion, causing death), 29 ds.; Broncherneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neonlasme. Marala inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of American Medical Association.) approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-For violent deaths state means of injuny by Committee on ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; for malignant neoplasms); Meastes; Chronic etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the cartificate is permanently filed.

| 15 | 1PLACE OF DEATH | 10826 STATE OF MARYLAND |
|---------------------------------------|--|--|
| H X S | county Worces ler. | STATE OF MARYLAND CERTIFICATE OF DEATH |
| - P | County | Registration Dist. No. 355 |
| ated EXACTLY operly-classifie | Village or City Berlin (No | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| oper | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| d be st y be pr ack of | Jemale White Single, Married, Wildows OR DIVORCED (Write the word) | 16 DATE OF DEATH ST-32, 1930. (Month) (Day) (Year) |
| t ma | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) (Year) | that I last saw hanalive on Sp. 1920, 1936, |
| piled. ACE grams so that instructions | 7 AGE If LESS than I day hrs. 1 day hrs. 7 ds. or min.? | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| ully sup plain te nt. See | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | Arsheis of Live Lypertraphic (Quation) yy mos de. |
| be car EATH impor | which employed or (employer) Artuseurfo 9 BIRTHPLACE (State or country) | Contributory Costinuis Chun Secondary (Duration) |
| should E OF D is very | 10 NAME OF Grus Britting have | (Signed) (Mas: 15 M. D. 9-22 1986 (Address) Bulin wit. |
| CAUSI ATION | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAAR CALL BOALS AD AS | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| f inform d state | 13 BIRTHPLACE OF MOTHER (State or Country) | ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted, |
| 074 | (Informant) Mrs. Les. Pay re | if not at place of death? Former or usual residence |
| Every item CIANS shot | (Address) Berlin md | Pour Cemelery Berlin, M. Sept 23, 1980 |
| B | Filed 9/93 1931 HWW Registrar | J. W. Burbage Berlin ond |
| - | If more bianks are needed, address State Registrar, 1 W. Saratoga St., Balto., Requesting V. S. No. 1. | |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; if nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know Civil engineer, Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm loborer, Laborer-Coal minc, etc. Womwithout more precise specification as (b) Automobile factory. The material Stotionary fireman, etc. But in many (a) the kind of work and also (b) the single word or term on (b) Grocery; Doy

Statement of Cause of Death—Name, first, the presence of Cause of Death—Name, first, the presence of the causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebros and fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria avoid use of "('roun'l': Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

American Medical Association.) Recommendations on statement of cause of death stated unless important. telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was causing death), 29 ds.; Bronchopnoumonia (secondary), use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondar, or intercurrent) affection need not be "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY name origin; "Cancer" is less definite; avoid ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles ;

If this certificate is looked over thoroughly and all questions appropriate in detail, it will prevent further correspondence. All the fittal is eleential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital er institution, give its NAME is stend of street and number.) certifica MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS prepa 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, murrel 3 SEX WIDOWED. ay be CR DIVORCED (Write the word) pino 6 DATE OF BIRTH E ō m O that I last saw h ... struction (Day) (0) (Conth) and that death occured on the date stated above, at IIILESS than 0 7 AGE The CAUSE OF DEATH * I day hrs. Ø T pplie ms ds. or min.? 5 COUPATION 0 (a) Trade, profession or Œ 0 particular kind of work Ш piai (b) General nature of industry : 10 rtant. (Duration) business, or establishment in which employed cr (employer) 100 Contributory Secondary 9 BIRTHPLACE MARGIN (State or country) mosda EA 10 NAME OF 0 0 11. > FATHER (Address) 0 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. on tui OF FATHER RENT 92 CAUS (State or country 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-12 MAIDEN NAME OF MOTHER ients or Recent Residents) state ccupA In the 13 DIRTHPLACE At place Stale yrs ds. of death . OF MOTHER Where was disease contracted, (State or country) 00 if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF houl Of Former or usual res.dence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (0) (0) statem 15 If more b.anks are needed, address State Registrar 16 W. Saratoga St., Bulto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) (irocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As example: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal sylver (the only definite synonym is "Epidemic cerebrotrand meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"): "Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchoproumonia (secondary), (secondary or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERM MINL 1) WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| PLACE OF DEATH County Warrester | 08471 STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|--|
| | Registration Dist. No. 352 |
| Village or City Julian (No | St.: Ward) St.: Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 7 - 2 , 192 0 (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 7/7, 1920, that I last saw h Walive on 7/7, 1920, |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer) | (Durstion) yrs. mos. ds. Contributory (Poneuma John) |
| 10 NAME OF FATHER Janualton Butler 11 BIRTHPLACE OF FATHER (State or country) (State or country) | (Signed) |
| OF MOTHER CHARLOTTE JUNIAGE OF MOTHER (State or Country) | 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death |
| (Informant) Alland Mulle (Address) Mulled | It not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL |
| 15 Filed July 29 180 J.V. Mounfred Registras | 20 UNDERTAKER ADDRESS ADDRES |

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. valvular heart disease; The contributory Measles ;

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Inous

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institution, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED (Write the word) 17 That I attended the deceased from E OF BIRTH (Month) that I last saw hAA (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH # work as follows: O de. or min.? & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF (Address) 11 BIRTHPLACE OF FATHER *State the Disease Caysing Death, or, or deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of deathyrs......mos......ds. In the OF MOTHER State.....yrs.....mos..... (State or Country 00 Where was disease contracted, if not at place of death? Every item CIANS sho statement Former or usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"(Inanition," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature " "Convulsions,

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| e stated EXACTLY PHYSI- e properly classified. Exact | PLACE OF DEATH County_Worcester |
|---|---|
| EXACT. | Village or City Ironshire (No |
| ted per erti | PERSONAL AND STATISTICAL PARTICULARS |
| 요요성 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
| s it s | 6 DATE OF BIRTH UNKNOWN , 1.852 (Month) (Day) (Year) |
| supplied. ACE n terms so that See instruction | 7 AGE If LESS the 1 dayh ormin |
| nformation should be carefully su state CAUSE OF DEATH in plain 1 CCUPATION is very important. Se | (a) Trade, profession or particular kind of work Farmer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 EIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |
| s sho | (Informant) (Informant) (Informant) |
| CIANS | (Address) Ironsmire, Ma. Filed May 2/ 1000 S.V. Mayinford |

06006

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 352

| Ironshire | John H. Smack | St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|--|---|---|
| L AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| color or race | SSINGLE, MARRIED, MATTICA WIDOWED, MATTICA OR DIVORCED (Write the word) | 16 DATE OF DEATH May 20, 1980 (Month) (Day) (Year) |
| urikno (Month) | (Day), 1852 (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from May 15. 1930 to May 20, 1670 that I last saw have alive on May 15. 1970, and that death occurred on the date stated above, at 2 m. |
| 70 yrs. | mosds. 1 dayhrs. | |
| ssion or of work Far re of industry blishment in or (employer) | | Bronche Preumona (Duration) yes mos 5.4.de Contributory Chronic Prostretiti |
| ary Lan | nd | Secondary (Duration) yrs mos de. |
| Riley Su | ack | (Signed) M. D. M. |
| ountry) Marylan | ıa | State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| unknor | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| TRUE TO THE BEST | OF MY KNOWLEDGE | if not at place of death? Former or usual residence. |
| 12/130 J. | V. Mayenford Defet Registrar | 19 PLACE OF BURIAL OR REMOVAL LVETGREEL CEMETERY 20 UNDERTAKER J. W. BUPDAGE DATE OF BURIAL ADDRESS |
| If more branks are | needed, addrey State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. tired 6 yrs). business, that fact may he indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coa me en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation duties of the (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles;

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Wonces EXACTLY, P by classified. ficate. Registration Dist. No. 362 St.: Ward) (If death occurred in Village or City a hospit I or institution, give its NAME Inreporty (number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH stat proj of c 5 FINGLE. 4 COLOR OR RACE! 3 SEX 16 DATE OF DEATH MARRIED. Y 0 CK WIDOWED Q CR DIVORCED (Gionth)-(Write the word) I HEREBY CERTIFY, That I attended the deceased from 5 മ at struction that I last saw h alive on fr2 (Conth) (Day) (Year C and that death occured on the date stated above, at .. FO fLESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. pli da. or min.? Ш Idn 3 B OCCUPATION (1) to (a) I rade, profession or ESER particular kind of work (b) General nature of industry business, or establishment in (Duration) vrs..... C which employed r (employer) õ Contributery -MARGIN Secondary (state or country) (Durstion) W T ery 10 NAME OF 0 ...192 (Address) m 11 BIRTHPLACE ന പ്ര *tite the Piscase Causing Peath, or, in deaths from Violent Caus s, state (') Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 500 (State or country) 18 L.NGTH OF RESIDENCE (For 1 ospitals, Institutions, Transstate CUPA ients or Recent Residents) 13 CIRTHPLACE At place In the nf st CC OF MOTHER State yrs mos ... of death yis mos. ds. (State or country) 00 Where was disease contracted, if not at place of death? Former or usual res.dence. 0 0 Every CIANI Stater 01 If more b.anks are needed, addr. & Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Ilousemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stetionary fireman, et .. Physician, Compositor, Archived, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, As example: : But in many (b) Grocery

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same discuse. Examples: Carebrospinal fever (the only definite synonym is "Upidemic cerebrospinal meningitis"); Diphtheria avoid use of "Cyoun"; Typhoid fever (never report "Typhoid Pneumonia"; "Lobor pneumonia."

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease causing inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., oi Recommendations on statement of cause of death telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," ", Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e g., se, se, se, Examples: Accidental drowning; Struck by railway train-American Medical Association. (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on or intercurrent) valvular heart disease; affection need etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| , | YSI- | Exact | 1 |
|---|---------|---|--|
| | Y, PH | CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact | 1 |
| | ACTL | Taself | statement of OCCUPATION is very important—See instructions on back of certificate. |
| | SC. EX | Criv C | rtifice |
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| | E cho | at it n | ns on |
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| PL | ACE OF DEATH | 14204 | STATE OF M | MARYLAND |
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| County | worcestu. | | CERTIFICATE | OF DEATH |
| 3,7-11 | r City Showells (No.Md. | (b) | Registration I | |
| Village or | r City (No.///C, | 1 | St.: Ward) | (If death occurred in a hospital or institu- tion, give its NAME is |
| | 2FULL NAME Edioth U. Smy | th | ••••• | stead of street and number.) |
| PE | RSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE C | F DEATH |
| 3 SEX Find | 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH | hov | /7 , 1930 (Day) (Year) |
| 6 DATE O | F BIRTH | 17 HEREBY | Y CERTIFY, That I att | ended the deceased from |
| | May 31, 1912 | bor 14 | 192 6 . to H | par 17 193 0 |
| | (Mon (Day) (Year) | that I last saw h | alive on | n/6 1930, |
| 7 AGE | If LESS than | | rred on the date stated | above, at DA:m. |
| | yrs. Gos. / ds or min.? | The CAUSE OF DEA | TH * was as follows | in de |
| BOCCUPA | | | JANA JULI | |
| | de, profession or arkind of work | | | 0 + 44 + + + + + + + + + + + + + + + + + |
| | eral nature of industry | | | *************************************** |
| business, | , or establishment in | | (Duration) | vra mos 5 de |
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| | ME OF THER OR A LANGE OF THE OF THE OR A LANGE OF THE OR THE OR THE OR A LANGE OF THE OR THE OR THE OR THE OR THE OR THE | (Signed) | OF PEN | Clarz M. D. |
| | THELEE TOWN Handy Johnson | 11 19 | O (Address) | A . 1 Pin 7 |
| 07 | FATHER /////// mal. | | is ase Causing Death, tate (1) Means of Inj | |
| lil | tate or country) The Man | Violent Causes, st Accidental, Suicidal | tate (1) Means of Inj or Homicidal. | ury and (2) Whether |
| | MOTHER POLASO SMITTE | | | als, Institutions, Trans- |
| | RTHPLACE | ients or Recent Re | In the | |
| | MOTHER tate or Country) Marylund | At place of death yrsr | nosds. State | yrsds. |
| 14 THE AB | BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disesse cont if not at place of dea | tracted, .h? | |
| | Place Quetto | Former or usual residence | | |
| (Infor | rmant) Oluju suun | 19 PLACE OF BURIA | | DATE OF BURIAL |
| | (Address) Show all Mil | Showell | omd. | NATT. 18 19 80 |
| Filed | 11/18 130 Mesters | 20 UNDERTAKER | a. luntan | Selberalle |
| | | 16 W Santa St | Balta Browning V S | No.1 |
| | If more blanks are needed, address thate Registra | i, au m. Daratoga St., | Sales, Reducating 4. 2 | 2/11. |

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact tired 6 yrs). For state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as household only (not paid Housekeepers who receive a Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter Foreman, engineer, especially in industrial employments, it is neces-For many occupations a single word or term on man, (b) Automobile factory. The materia At school, or At home. Care should be taken For persons who have no occupation Stationary fireman, etc. may be indicated thus; Farmer (re-Locomotive engineer, But in many Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid—probably suicide. The n-ture of the injury, cas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of death approved by telanus) may be stated under the head of "contributory." Examples, Accidental arowning; survey of randy frame accident; Revolver wound of head—homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Chronic etc. valvular heart Nomenclature The contributory Always qualify all not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

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| MARGIN RESERVED FOR BINDING | WRITE LINLY, WITH UNFADING INKTHIS IS A PERMANENT | y Item of information should be carefully supplied. ACE should be sail is should gtate CAUSE OF DEATH in plain terms so that it may be partially should get the careful of the partial of |
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V. S. No. 1

N. B.

| PLACE OF DEATH County Worcester | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 352 |
|---|--|
| Village or City Berlin (No | St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| May 21 , 1929 (Month) (Day) (Year) 7 AGE If LESS that I day hre or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Maryland | (Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. |
| IO NAME OF FATHER William B, Smith II BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER SUBJE J. POWELL 13 BIRTHPLACE OF MOTHER | (Signed) |
| (State or Country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? Former or usual residence |
| (Informant) William T. Smith (Address) Berlin Md. Filed Obijas IV Memberd Registrar If more branks are needed, address State Registrar | 19 PLACE OF BURIAL OR REMOVAL St. Pauls Cemetery Apr. 20, 1, 19 Address J. W. Burkay Address J. W. Saratoga St., Butto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, even wounder at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Nanager," "Dealbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation Laborer-Coal mine, etc. Wom-Salcsman. (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Idanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as cun be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-American Medical Association. (Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH County Wascester | 15453 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| | Registration Dist. No. 353 |
| Village or City Buly welle No. Md | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on, 192, |
| 7 AGE 8 2 yrs. mos. If LESS than day hrs. or min.? | The CAUSE OF DEATH * was as follows: |
| a OCCUPATION (a) Trade, profession or Blacksmith (b) General nature of industry (business, or establishment in which employed or (employer) | dus to heart failure (Duration) yrs. mos. de. |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Elias Smith | Contributory Secondary (Durstion) yrs. mos. ds. (Signed) P C Aller M. D. (Address) Bishi fields ma |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the lisuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | ients or Recent Residents) At place of deathyrsmosds. |
| (Informant) Sallie Smith | Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Bishopville md | Bishopville md Dec. 17, 1931 |

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 σ'n

N. B.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved totanus) may be stated under the head of "contributory." "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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| PLACE OF DEATH | and the second | STATE OF MARYLAND |
|---|---|---|
| County & Poelse | 2 | 06007CERTIFICATE OF DEATH |
| near Ligithie | 0 | Registration Dist. No. 35/ |
| Village or City | Nos | St.: Ward) (If death occurred in a hospital or institution, give its NAME in |
| 2FULL NAME Sau | icy &c | stead of street and number.) |
| PERSONAL AND STATISTICAL | | MEDICAL CERTIFICATE OF DEATH |
| for Mit OR | RIED. Married OWED. DIVORCED te the word) | (Moth) (Day) (Year) |
| 6 DATE OF BIRTH | | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | | |
| (Month) | (Day) (Year) | that I last saw halive on |
| 7 AGE | If LESS than | and that death occurred on the date stated above, at / m, |
| about syrs. mos. | ds. or min.? | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION | | Sellered translessing Cell- |
| (a) Trade, profession or Car h | our | aide in Deach las This 4: |
| (b) General nature of industry business, or establishment in | | she was paralyzed on both |
| which employed or (employer) | | (Durstroil) yrs mos de |
| 9 BIRTHPLACE (State or country) Md | | Contributory Office (Secondary Secondary Outsion) yie mos de |
| 10 NAME OF SALLEY | Pepper. | (Signed) LEKoy Sweeth & Reg & D |
| M II BIRTHPLACE | 11 | 192 80 (Address) Seeder Rele Mile |
| State or country) | | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Wollie Pie | hardson | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) Md | | At place In the of deathyrsmosds. Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY | KNOWLEDGE | Where was diaease contracted, if not at place of dea.h? |
| (Informant) Jacob Su | ullen | Former or usual readence. |
| (Address) Secontiel | e md R | 3 novanta cristing 1/2/2/1937 |
| 15 Filed 57 11 19230 REK | og Swill Registrar | 20 UNDERTAKER ADDRESS LUS. J. Hearn Strow Hell |
| If more banks are needed | addre a State Registrar | 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be Example: Measles (disease etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

should be used only when necded. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specincation as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Gause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND Mouster CERTIFICATE OF DEATH Registration Dist. No. MITHIN CARPORATION (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Village or City-Ward) properly clas number.) stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH be may be WIDOWED OR DIVORCED onid .. (Day) / 5 4(Year) (Write the word 6 DATE OF BIRTH instructions tha (Month) (Year) IfLESS than 7 AGE 80 I day hrs. The CAUSE upplied termsmin.? 8 OCCUPATION RESERV (a) Trade, profession or CO particular kind of work carefully TH in plain (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory MARGIN 9 SIRTHPLACE Secondary (State or country) EA. 10 NAME OF OB (Signed) 3 1 0 (Address) BIRTHPLACE USE OD LL OF FATHER *State the Disease Causing Death, or, In Meaths from Violent Causes, state (1) Means of Injury and CAU (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate SCUPA ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER State_____yrs.....mos.... (State or Country) 00 Where was disease contracted, item c. s should if not at place of death? TO THE BEST Every item CIANS sho statement of usual residence. (Informant) DATE OF BURIAL (Address) No. Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Plonter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nerrand, Cook, Housemond, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. should be used only when needed. nature of the business or industry, and therefore an Civil engineer, whatever, write None. busine that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stotionary firenum, etc. But in many As examples: (o)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uruemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart Measles ; disease;

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V. S. No. 1

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| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| Countylookesler | CERTIFICATE OF DEATH |
| | Registration Dist. No. 312 |
| Village or City Coan Cily (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Sex 4 COLOR OF RACE SINGLE, MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Queg 16 -, 1920 Queg (Month) 16 (Day) 1930 (Year) |
| 6 DATE OF BIRTH Feb 22, 1860 (Month) (Day) (Year) | that Liest on 1 and 16, 130, |
| 70 yrs. 5 mos. 25 ds. or min.? | and that death occurred on the date stated above, at |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Bokervelle k. 10 NAME OF FATHER OF FATHER (State or country) 0 F FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME | (Duration) (Duration) (Signed) *State the I is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs |
| (Informant) Mr Pleelman (Address) Glasbar L. J. Filed 8/10/ 1930 D. S. Munfy Registran | Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UN DERTAKER Burbaye ADDRESS Bellin R |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cases, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Sørvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Puysician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Forcman," "Manager," "Dealr," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The material person, irrespective of (6) Grocery; Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved by (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic valvular heart Example: Measles (disease etc. The contributory affection need not be Nomenclature of the Measles; disease;

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| | PLACE OF DEATH | 03455 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------|--|---|---|
| Vil | llage or City hear Surry Skil | (29) | Registration Dist. No. 357 |
| - | 2FULL NAME / Mulas output | 7-20 | number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF DEATH |
| 3 5 | MARRIED. Widows Male Man (Write the word) | 16 DATE OF DEATH | Moh 3 , 193 0 |
| 6 1 | (Month) (Day) (Year) | that I last saw h | Y CERTIFY, That I aftended the deceased from 193 (1. to, 193 0, 193 0, 193 0, 193 0 |
| | yrs. 6 mos. 18 ds. or min.? | The CAUSE OF DEA | rred on the date stated above, at 10.157 m, TH * was as follows: |
| 1 | a) Trade, profession or further find of work. b) General nature of industry | Mrssu | e répolítics |
| 0 | ousiness, or establishment in which employed or (employer) | Contributory | (Durstion) yrs. mos. ds. |
| 9 8 | State or country) 10 NAME OF FATHER | Secondary (Signed) | Durstian vis mos de. |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) Manyloud | Violent Causes, s | is ase Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether |
| PARE | 12 MAIDEN NAME OF MOTHER UNKNOWN | Accidental, Snicidal 18 LENGTH OF RI ients or Recent R | SIDENCE (For Hospitals, Institutions, Trans- |
| | OF MOTHER (State or Country) | At place of deathyrs | tracted. |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | of not at place of des Former or usual residence | 1.12 |
| | (Informant) Suvu Hil Mg | 19 PLACE OF BORN | rung DATE OF BURIAL Meh 5, 1930 |
| 15 | Filed 3/5 19230 RERoy Sweeth | 20 UNDERTAKER WILL UTULL | ouls Sun Hill |
| | lf more blanks are needed, addre.s Ltate Negistra | r, 16 W. Saratoga St., | Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

en at home, state occupation at beginning of illness. If retired from er," etc., without more present in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, to report worked on may form part of the second statement. Foreman, (b) engineer, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. Automobile factory. The But in many 6 materia Grocery; ","Deal-

Statement of Cause of Death—Name, first, the DISEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory affection valvular heart Nomenclature of the need disease; not be

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| County Worceshir | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 |
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| Village or City montell (No. 2FULL NAME Benjamon 74. 80 | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word) | 16 DATE OF DEATH / 1920 (Month) (Day) (Year) |
| | 17 I HEREBY CERTIFY, That I attended the deceased from 92 that I last saw 100 march 1936 that I last saw 100 march 1936 |
| B OCCUPATION (a) Trade, profession or particular kind of work | La mi cause or primit |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER WM & Sturges 11 BIRTHPLACE OF FATHER | (Signed) (Address) Man M. D. (Signed) (Address) Man M. D. (Address) M. D. (Address) M. (Address) |
| OF FATHER (State or country) worded 12 MAIDEN NAME HENVIL & Price 13 BIRTHPLACE OF MOTHER 13 BOTHER | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| (State or Country) WORLD 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Large Sturge (Address) Shorothele R 15 Filed 3/74 19230 LERoy Suil | Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A Trendship Cent 3/25, 19 20 UNDERTAKER When & Williams Intro/file |
| If more banks are needed, address tate weg | gisträr, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. (Md |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report Foreman, (b) Automobile factory. The first line will be sufficient, e.g., Farmer or Planter, For many occupations a Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. single word or term on But in many (6) material Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enaustion," "Heart failure," "Haemorrhage," approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; or intercurrent) for inalignant neoplasins); Chronic Example: Measles (disease ", "Coma," "Convulsions, etc. The contributory affection need not be valvular heart Nomenclature Always qualify all Measles; discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | (19696) |
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| PLACE OF DEATH | STATE OF MARYLAND |
| County Worcesley | CERTIFICATE OF DEATH |
| mar 1 | Registration Dist. No. 357 |
| Village or City Snow Itill (No. 2FULL NAME Edward Plue | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Brale W. SINGLE. MARRIED, Married OR DIVORCED (Write the word) | 16 DATE OF DEATH Quy 22, 1930 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| lug 11, 1873 | |
| (Mowth) (Day) (Year) | that I last saw h alive on 192, |
| 7 AGE If LESS than I day | and that death occurred on the date stated above, at |
| yrs. mos. // ds. or min.? | Found dead in bed. The |
| BOCCUPATION (a) Trade, profession or | Physician called in ad |
| particular kind of work | vised we leak from our |
| (b) General nature of industry business, or establishment in | rounding conditions as |
| which employed or (employer) | lux condition and ab- |
| 9 BIRTHPLACE (State or country) | Secondary Le was of office |
| I 10 NAME OF | how he died Donies en va questo de |
| FATHER Unic Herris | (State Ottober 1116 - Fetor Swell My D. |
| O II BIRTHPLACE OF FATHER | 192 (Address) |
| (State or country) Hanglang | Account Suicidal or Howards |
| of MOTHER Matilda Swiff | 19 LENGTH OF RESIDENCE For Hospitals, Institutions, Trans |
| 13 BIRTHPLACE | Tients of Recent Residents from auralysis |
| OF MOTHER (State or Country) | of deathmosds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, sign not at place of dea.h? |
| Untomant Amo. Edward Stings | Former or usual residence. |
| (Address) Findleting, 17.F.X. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 822 20 A A 14/ | 20 UNDERTAKER ADDRESS |
| Filed 8/23 1920 SEK by Selling Registras | W. J. Hram Snow Hill |
| to the second of day a law wantstand | 25 W Saveton St Balto bequesting V. S to. 1. |

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremun, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fuet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. g. ged in domestie service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Paysician, tie first line will be sufficient, c. g., Farmer or Planter, ete., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Architect, Locomotive engineer, not gainfully emalso (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "eontributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) interstitial nephritis, Chronic Example: Measles (disease The nature of the injury, etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classified (If death occurred in Ward) a hospital or institu-tion, give its NAME irproperly clas stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH Gran. 2) . 1930 pe back OR DIVORCED may (Moath) (Day) (Write the word) pinou I HEREBY CERTIFY, That I attended the deceased from tructions that (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: terms 8 OCCUPATION ESERV (a) Trade, profession or n t particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary be c (State or country) (Durstion) DO 10 NAME OF houl FATHER 1986 (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. ENTS OF FATHER information s state CAUSE CCUPATION (State or country) 12 MAIDEN NAME 000 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-PA d state ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs mos ds. (State or Country) Where was disease contracted, if not at place of dea.h? should ent of 14 THE ABOVE IS TRUE TO Former or usual residence (Informant Every its CIANS a DATE OF BURIAL PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswho are engaged in the duties of the (b) Automobile factory. The materia 6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crpup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic etc. affection need valvular heart Nomenclature The contributory Always qualify all not be disease; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| | CE OF DEATH | | A 10. (0.11) | STATE OF | MARYLAND |
|-------------------------------|---|---|--|--------------------------------|--|
| County | worcester | | 04767 | CERTIFICATE | OF DEATH |
| | ear , | | 31 | Registration | Dist. No. 35/ |
| | City Drow Hel | e (No | | St.: Ward | (M. Joseph assumed in |
| PERS | SONAL AND STATIST | TICAL PARTICULARS | MEDIC | CAL CERTIFICATE | OF DEATH |
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | 16 DATE OF DEATH | apr | . 6 , 192 30 (Year) |
| 6 DATE OF | Sell-13- | 1012 | | | ended the deceased from |
| | (Mont) | h) (Day) (Year) | that I last saw h | alive on | 1920, |
| 7 AGE 8 OCCUPATION (a) Trade, | profession or | mos. 25 ds. or min. | The CAUSE OF DEA | TH * was as follows: | Secral Subject & |
| (b) General | kind of work ———————————————————————————————————— | | had bo | d coneg | lus procedus |
| 10 NAM FATH | HPLACE LEWIS | foronsend | (Signed) ZE/C | (Doration) | Dell, The |
| Z (Stat | te or country) Man | Hand affine | Accidental, Suicida | | or, in deaths from jury and (2) Whether tals, Institutions, Trans- |
| 13 BIRT OF M | HPLACE OTHER te or Country) | yland | At place of deathyrsyrs | Residents) In the mosds. State | |
| 14 THE ABO | 6º 1.86 | a Colley | Where was disesse con if not at place of de Former or usual residence | a.h? | |
| | Address) | of Blishol | 19 PLACE OF BURI. | Le Cerr | DATE OF BURIAL |
| Filed Filed | 4/9 19238 | Performed Registral | podundertaker | lliams | Surveyfell |
| - | If more banks are | needed address total hagistre | r. 16 W. Saratoga St., | Balto., Requesting V. | S. No. 1. (720 |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The inaterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, to know For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasinus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," (secondary unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, by Committee on Nomenclature of the cough; "" "Weakness," etc., when a definite disease or intercurrent) Chronic "," "Coma," "Convulsions," valvular heart disease; affection etc. The contributory need not be

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| PLACE OF DEATH | 15454 STATE OF MARYLAND |
|---|---|
| County It or cesho | CERTIFICATE OF DEATH |
| guar . | Registration Dist. No. |
| Village or City Month (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in - |
| 2FULL NAME | stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | 192, to, 192, |
| (Month) (Dsy) (Year) 7 AGE [If LESS than | that I last saw halive on, 192, |
| yrs. 9 mos. 13 ds. or min.? | 7 |
| 2 OCCUPATION | and the second to the action |
| a) Trade, profession or particular kind of work | little indiaentin latura not |
| (b) General nature of industry business, or establishment in | very ill I have not seem it do. |
| 9 BIRTHPLACE (State or country) | Contributory since and can not, Secondary say what it died of, |
| 10 NAME OF Glarence Taylor | (Signed) John D. Diekerson M. D. |
| II BIRTHPLACE OF FATHER | 1004 176. 1980 (Address) STOCKTOW 1/14 |
| (State or country) Nordic Track (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disesse Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER OLA Correct | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| OF MOTHER (State or Country) Walvill Va | ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Clarence Toylor | Former or usual residence |
| (Address) Gendletree med | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed 13/16 19230 LERoy Sewill | 20 UNDERLAKER DORESS Than & Milliams browling |
| If more banks are needed, addre.s State Registrat | r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (2) Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken laborer, " etc., without more precise specification as Day report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laboreryrs). man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. -Coal mine, etc. Womperson, irrespective of But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never repost. "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; intercurrent) Chronic valvular heart disease; " "Coma," "Convulsions, etc. The contributory affection need not be

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| | 14205 |
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| 1PLACE OF DEATH | STATE OF MARYLAND |
| County Worcester | CERTIFICATE OF DEATH |
| Old in Generalty Courts of | (185) Registration Dist. No. 35/ |
| Village or City Snow Hill (No | St: Ward) (If death occurred in a hospital or institution, give its NAME in atead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| Female White WIDOWED Singw (Write the word) | ed November 2nd., 1930 November (Month) 2nd. (Day) 1930(Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| September 16th , 184 (Month) (Day) (Year | 1 |
| 7 AGE [If LESS th I dayh 89 yrs. 1 mos. 17 ds. ormi | rs. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or Housewife particular kind of work Housewife (b) General nature of industry business, or establishment in which employed or (employer) | Fall, (no floor (wo Burstion) yrs. I mos. ds. |
| 9 BIRTHPLACE (State or country) Naryland | Secondary (Porstion) vis mos de |
| 10 NAME OF FATHER James Hudson | (Signed) M. D. (Signed) M. D. (Signed) M. D. |
| OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Jargaret Mutches | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Naryland, | At place of death |
| (Informant) L.T. Taylor | if not at place of death? Former or usual readence |
| (Address) Snow Hill Md. | Greenbackville, Va. Date of Burial Greenbackville, Va. |
| Filed 11/3 19230 REROY Succession | POCOMOKE City |
| If more branks are needed, address State Regist | rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeanous as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic etc. The contributory affection need valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE OF DEATH should OCCUPATION Registration Dist. No Ilf death occurred inWard) a hospital or lostitution. give its NAME instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANEN 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE MARRIED. WIDOWED. (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased 17 DATE OF BIRTH that I last saw h (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR. .. min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. be (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 31913 ((Address) OFFATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) of death 2 yrs. __ mos. _ State 2 yrs mos. DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST MY KNOWLEDGE If not at place of death? OF Every Item CAUSE OF Important. usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indl-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicidc. The nature of the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakuess," Always qualify all diseases resulting from "Seuilc," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

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| Village or City drow Hill (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 351 St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and |
|--|--|
| 2FULL NAME (X) Cleans 1. | Lightnas number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Wilder (Write the word) | 16 DATE OF DEATH 10 |
| 10 DATE OF BIRTH 1801 | 17 I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.? | and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in | (Duration) yrs. 1008. |
| which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 9 To lightman 11 BIRTHPLACE OF FATHER | Contributory Secondary (Duration) (Signed) (My 25 1937 (Address) (Address) |
| (State or Country) (State or Country) | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| (Informant) // Bradley adhing (Address) Dradley Adhino (Address) Dradley Arill Ind. | Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLOS OF LURAL OR REMOVAL 20 UNDERTAKER ADDRESS |

If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil ongincer, Stolionary fireman, etc., But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Screont, Cook, Housemund, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Solesmon, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealloborer, Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material Laborer-Coal minc, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the Chronic Example: Measles (disease etc. valvular heart disease; The contributory

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V. S. No. 1

PLACE OF DEATH

| County Wreesler | CERTIFICATE OF DEATH |
|---|--|
| | Registration Dist. No. 355 |
| Village or City 13 rlu (No | St.: Ward) (If death occurred a hospital or instition, give its NAME is stead; of atreet, a number:) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Hemale White Single, Married or Divorced (Write the word) | 16 DATE OF DEATH: 4, 193.0 (Month) (Day) (Year). |
| DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 90 4 , 188 (|
| J 9 yrs. 6 mos. 16 ds. or min. | and that death occurred on the date stated above, at |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland 10 NAME OF | Chronic Value Hand De Contributory Secondary (Duration) 3 yrs. mos. (Signed) Q a Malland M. |
| FATHER II BIRTHPLACE OF FATHER Z (State or country) II 2 MAIDEN NAME OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | ients or Recent Residents) At place In the of death yrs |
| (Informant) Bussett Timmous (Address) Berlin Md | if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A Junior State of St |
| Filed 1/6 1950 PWRles Registrar | J. W. Burbage Reslin M. |
| If more branks are needed, address State Registra | 17, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervaul, Cook, Housenwid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at liome, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective or Foreman, (b) Automobile foctory. The materia to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease the course. Always qualify all carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicarmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For viclent deaths state means of injury "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, "("Congenital," "Senile," etc., "Dropsy," on," "Heart failure," "Haemorrhage," "Shock," "Marasmus," "Old Age," "Shock," Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature contributory Measles ; not be

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| IYSI- | PLACE OF DEATH | 08475 | STATE OF |
|------------------------------|--|---|---|
| Ha .p | County Marcerles | | CERTIFICAT |
| ITTE, | near | (129) | Registration |
| XACT class ate. | Village or City herrory med (No. | | St: War |
| W 25 | 2FULL NAME CENTILE Jing | L | |
| stated proper of certi | PERSONAL AND STATISTICAL PARTICULARS | MEDI | CAL CERTIFICATE |
| be be | demote 4 color or RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. (Write the word) | 16 DATE OF DEATI | H Suly a. |
| 200 | 6 DATE OF BIRTH | 17 I HEREE | BY CERTIFY, That I a |
| ACE sh that it tions o | (Month) (Day) (Year) | that I last saw h | 192 . to |
| s so | about 98 years If LESS than day hrs. or min.? | | urred on the date state. ATH * was as follows: |
| aln S | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry | grade. | ally Tole |
| rita t | business, or establishment in which employed or (employer) | Contributory | Gronic my sand |
| d be cal | 9 BIRTHPLACE (State or country) 10 NAME OF | Secondary | (Duration) |
| OF D s very | TATHER Duffill | (Signed) X E - 0 | 30 Address) See |
| TION S | OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME | *State the | Disease Causing Death state (1) Means of |
| mail PAT | of Mother anknown | 18 LENGTH OF R | ESIDENCE (For Hosp |
| star | 13 BIRTHPLACE OF MOTHER (State or Country) Wnll management | At place of deathyrs | In th |
| of o | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease con if not at place of de | ntracted, ea.h? |
| sho nent o | (Informant) Clas Wholy | Former or usual residence | |
| Every it | (Address) newark Ind | Ceclay Char | fred Carnetys |
| B SI | Filed 9/22 19730 LE Coy Sueth, Registrar | 20 UNDERTAKER | Purnell |
| 经 | If more blanks are needed, address State Registrar | , 16 W. Saratoga St. | , Balto., Requesting V. |

MARYLAND E OF DEATH

Dist. No. OJ

S. No. 1.

rd) (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

OF DEATH (Day) (Year).... ttended the deceased from h, or, in deaths from Injury and (2) Whether pitals, Institutions, Transtate......yrs......mos......ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken en at home, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

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| PLACE OF DEATH | 09735 | STATE OF MA | RYLAND |
|--|--|--|---|
| County. Worcester | | CERTIFICATE C | F DEATH |
| WITHIN CONFERENCE LIMITS OF | (3) | Registration Dist | No. 3 60. |
| Village or City Pocomoke City (No. 2FULL NAME George Russell Toran | | tie | (If death occurred in hospital or institu- on, give its NAME in ead of street and umber.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDIC | CAL CERTIFICATE OF | DEATH |
| Male Color of Race Single, Married, Widowed, Or Divorced (Write the word) | August | igust 30th. | , 19230 Day) 1930(Year) |
| 6 DATE OF BIRTH | 17 I HEREB | Y CERTIFY, That Lattende | ed the deceased from |
| February 24th, 1 909 (Month) (Day) (Year) | | 192 d , to | 2 1 192 |
| 7 AGE If LESS than 1 day hrs or min. | and that death occu | rred on the date stated abo | ve, at 2.30 Am. |
| (a) Trade, profession or particular kind of work Laborer (b) General nature of industry business, or establishment in | Juber Co | (Duration) | mos de |
| which employed or (employer) 9 BIRTHPLACE (State or country) Maryland | Contributory | Duration y | Tig Tig de |
| of Father Timothy Toran Il Birthplace of Father | | Q (Address) Desth on | M. D. |
| (State or country) Virginia | Violent Causes, s Accidental, Suicidal | is ase Causing Death, or, tate (1) Means of Injury or Homicidal. | and (2) Whether |
| of Mother Sarah Long | 18 LENGTH OF RE | SIDENCE (For Hospitals, | Institutions, Trans- |
| OF MOTHER (State or Country) Maryland | At place of deathyrs | In the State | yrsds, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea | hh? | |
| (Informant) John E. Long (Address) Pocomoke City, Md. | 19 PLACE OF BURN Hall'S Hil | L OR REMOVAL L Cemetary | ept.1st 1930 |
| Filed Sell 1923 & Selection Registrar | 20 UNDERTAKER | 10/- PO8 | omoke City |
| if more bianks are needed, address State Registra | ar, 16 W. Saratoga St., | | |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospharifever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Example: Measles (disease valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions appwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND Vocester CERTIFICATE OF DEATH Registration Dist. No. 35 Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) If LESS than and that death occurred on the date stated above, at 7 AGE l day hrs. The CAUSE OF DEATH * was as follow ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) M. D. FATHER Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) Ш 12 MAIDEN NAME 2 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER of death (State or Country) ō should Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE Former or Every it CIANS stateme DATE OF BURIA If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." atic), unqualified, is indefinite); Tuberculosis of lungs, men-inges, perionaeum, etc., Carcinomi, Sarcoma, etc., of mame origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valuate heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYS. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT BIND IS A RESERVED FOR AINLY, WITH UNFADING INK--THIS MARGIN V. S. No. 1

| | PLACE OF DEATH | STATE OF MARYLAND |
|---|--|--|
| | County/Voicester. | CERTIFICATE OF DEATH |
| | 000000 | (109) |
| | 7 11:11 | Registration Dist. No. |
| | Village or City www / VIII (No. Wo. | Mard) a hospital or institu- |
| | | tion, give its NAME is - |
| | 2FULL NAME Genjamin L. & | rutt, SR stead of street and number.) |
| | | |
| 3 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ; | 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH |
| 5 | Male white OR DIVORCE Manual | 10. 20 , 1930 |
| 2 | (Write the word) | (Month) (Day) (Year) |
| | 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | 5 12 1860 | The state of the s |
| | (Month) (Day) (Year) | that I last saw h/M alive on 10.20, 1920, |
| | 7 AGE III III III III III III III III III I | and that death occurred on the date stated above, at 5:20 H, m. |
| | 71) 5 Q day hrs. | The CAUSE OF DEATH * was as follows: |
| U | / U yrs. 3 mos. 8 ds. or min.? | |
| | OCCUPATION (a) Trade, profession or | Cardio-Vascular Vilenal |
| 3 | particular kind of work | Disease, |
| | (b) General nature of industry business, or establishment in | Unknown |
| V | which employed or (employer) / ferrer / // / / / / | (Duration) yrs, mos ds. |
| 2 | 9 BIRTHPLACE | Contributory Secondary |
| | (State or country) Mary Cand | (Duration) yrs 7 mos ds. |
| | 10 NAME OF | (Signed) + School aeskle M. D. |
| 2 | FATHER Selvy Juill | 1015Mrs Om July ml) |
| 2 | OF FATHER | (Addres) |
| | Z (State or country) | *State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | M 12 MAIDEN NAME | |
| | of MOTHER Comments | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER | At place In the |
| | (State or Country) | of deathyrsmosds. Stateyrsmosds. |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| | That (way itt | Former or usual residence |
| | (Informant)/191, comes (15 aury) | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| | (Address) Dipaletres ma | of Makes 2 |
| | | Onow 1414 th de an 180 |
| | 15 Filed 10/20 19230 LEKoy Sweeth | 20 UNDERTAKER ADDRESS |
| | Registrar | V. /V samo snow Hall |
| | If more blanks are needed, address State Registrar, | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, Compositor, Architect, Locomotive engineer, etc. But in many For persons who have no occupation If the occupation has been changed and children, not gainfully em-

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature talinus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

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| | PLACE OF DEATH | 15455 STATE OF MARYLAND |
|-----------|---|--|
| | County Worcesler | © CERTIFICATE OF DEATH |
| | | Registration Dist. No. 35-2 |
| | Village or City Berlin (No | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Dec 21, 1980 (Month) (Day) (Year) |
| | Still Born, 1 (Month) (Day) (Year) | that I last saw here are all all all all all all all all all al |
| | 7 AGE If LESS than I dayhrs. or min.? | and that death occurred on the date stated above, at |
| CE ARINGE | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory (nessone on Cordon Secondary delivery Podalne verson |
| | 10 NAME OF FATHER Charles Trutt. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TRUTTS 12 MAIDEN NAME OF TRUTTS 13 MAIDEN NAME OF TRUTTS 14 MAIDEN NAME OF TRUTTS 15 MAIDEN NAME OF TRUTTS 16 MAIDEN NAME OF TRUTTS 17 MAIDEN NAME OF TRUTTS 18 MAIDEN NAME OF TRUTTS 10 NAME OF TRUTTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME | (Signed). Cy Holler of M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of Mother Bruthe Bradford 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MYTKNOWLEDGE | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death? Former or |
| | (Address) Berly Tree | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL EVER GREEN CENTERLY 20 UNDERTAKER ADDRESS |
| | 10 L Registrar | te gurbase Der !!! |

REVISED CERTIFICATE, OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

work, additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know cases, Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, the first line will be sufficient, e.g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busines, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as (a) the kind of work and also (b) the Architect, Locamolive engineer, 6 fracery, Day

fever (the only denunce symmetric avoid use of "Croup"); spinal meningitis"); Diphtheria avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same acceptpneumonu, Bronchopneumonia ("Pneumonia,

> causing death), 29 ds.; Branchopnoumonia (secondary) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaconha," "PUERPERAL peritonitis," etc. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); approved Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "(Tranition," "Marasmus," "Old Age, "Snock," Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "E :haustion, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage," " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory Measles ;

data, is essential and must be obtained before the certificate is permanently filed answered in detail, it will prevent further correspondence pertificate is looked over thoroughly and al quistions All the

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4/GOLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Year) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) that I last saw h ____alive on _____, 192 IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ERVED ds. or min.? 8 OCCUPATION te (a) Trade, profession or 20 particular kind of work ā EATH In pla (b) General nature of industry business, or establishment in (Duration) ____yrs. ____mos____ which employed or (employer Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state CCUP, ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... State (State or Country) Ö 7 Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE Former or usual residence (Informant) (Address 26 UNDERTAKER ADDRESS Filed Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

as "Eddie Pearson." hand is sufficient in their opinions to establish the identity of this man In letters on file in Bureau of Vital Statistics is stated by John Riley, Acting Commer, of Pocomoke, J. M. Broughton, hief Police, of Portsmouth Va., and Mary Pearson, wife of deceased, that the evidence on is stated by John

See correspondence filed as follows:

Pearson - Sept. 27, 1930
Riley - Oct. 2, 1930
Broughton - Nov. 4 and Dec. 5, 1930
Child - November 7, 1930.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of oc-

cupation is very important, so that the relative health-

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of

the evidence on hand is sufficient in their opinions to establish the Police, of Portsmouth, Va., and Mary Pearson, wife of deceased, that John T. Riley, Acting Coroner, of Pocomoke, J. M. Broughton, Chief of identity of this man as "Eddie Pearson". In letters on file in Bureau of Vital Statistics it is stated by

See correspondence filed as follows:

Pearson - Sept. 27, 1930
Riley - Oct. 2, 1930
Broughton - Nov. 4 & Dec. 5, 1930
Child - November 7, 1930.

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably sucide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 ly classifi ficate. (If deoth occurred in Ward) a hospital or institution, give its NAME is -PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OF PACE 16 DATE OF DEATH 125. 19930 WIDOWED. OR DIVORCED (Write the word) (Month) 25 (Day) 930 (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) Ilf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry 0 business, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 0 OF 12 MAIDEN NAME E OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrsds. (State or Country) 0 Where was disease contracted, b 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?.... Former or usual residence. Filed If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a Or Farm laborer, Laborer-At Home, and children, without more precise specification as Day If the occupation has been changed single word or term on -Coal mine, etc. Womnot gainfully em-(b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and çausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tctanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease; etc. The contributory Always qualify all

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If more bianks are needed, add ess

STATE OF MARYLAND CERTIFICATE OF DEATH

| K | egistration L | ist. No. SV | * |
|---|---|--|---|
| ight. | Ward) | (If death occ a hospital or tion, give its N stead of str number.) | urred in institu- NAME in- eet and |
| MEDICAL CERT | IFICATE O | F DEATH | |
| 16 DATE OF DEATH | w | 17 , 11 | 30 |
| 17 I HEREDY CERTIEV | . to | . 1. 1 Al J | ., 199) |
| and that death occurred on the The CAUSE OF DEATH * was a | | above, at | 0 A.m. |
| maran | ~~~· | | |
| Contributory Secondary | uration) | y18, 2 mos | ds. |
| (Signed) C Q (Address) | Hall | 2 | / O ds. |
| *State the Disease Cau Violent Causes, state (1) M Accidental, Suicidal or Homicida | sing Death, feans of Injul. | or, in deaths ary and (2) W | from hether |
| 18 LENGTH OF RESIDENCE ients or Recent Residents) | (For Hospita | als, Institutions | , Trans- |
| At place of deathyrsmosds, | In the State | yrsmo | də. |
| Where was disease contracted, if not at place of death? | 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0000 | - + 0 = 00 = = 0 = = = = = = = = = = = = |
| Former or usual residence | | ye | |
| PLACE OF BURIAL OR REMI | | ADDRESS | , 193.4 |
| 1.111 Bushow | | 17.11, | MA |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (a) the kind of work and also (b) the Salesman. duties of the (b) Grocery;

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the construction of the same disease. Examples: Cerebroshiult fever (the only definite synonym is "Epidemic cerebroshiult fever (the only definite synonym is "Epidemic cerebroshiult fever (never report "Typhoid Pneumonia"). Typhoid fever (never report "Typhoid Pneumonia").

Mansy.

this certificate is looked over thoroughly and a l'qu stions

vered in detail, it will prevent further correspondence. All the is exsential and must be obtained before the certificate is

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permanently filed

American Medical Association. -approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL perilonitis, diseases resulting from eluldbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia." "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondar, Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be "Heart failure," "Haemorrhage," Chronic valvular heart disease, Example: Measles (disease etc. The eontributory

| | 1PLACE OF DEATH | 03458 | STATE OF M | ARYLAND |
|--|--|--|--|---|
| X X X | County Toron cester | | CERTIFICATE | |
| × 2 | -7 0 | 129 | Registration Di | st. No. 353 |
| ORD ACTL tressiff | Village or City Bishofis Mo | | St.: Ward) | (If death occurred it a hospit I or institu |
| EXAC iy cla | 2FULL NAME William J. Wa | lter. | 4 | tion, give its NAME is stend of street and number.) |
| affed | PERSONAL AND STATISTICAL PARTICULARS | MIDICA | L CERTIFICATE OF | PDEATH |
| MANEN IN DE STE STY DE PTE Back of | 3 SEX 4 COLOR OR RACE 5 FINGLE, MARRIED, WIDOWED. CR. DIVORCED | 16 DATE OF DEATH | mar. | 7 , 1936 -(Day) (Year) |
| VDI ERM ould may n ba | 6 DATE OF BIRTH | 17 (HEREBY C | ERTIFY, That I atte | nded the decessed from |
| - G 4+0 | Oct. 7, 1877 | that I last saw h | alive on ma | 4 . 20 |
| FOR B IIS IS A led ACE s s so that structions | 7 AGE [fLESS than | and that death occured | | bove, at 6 Am |
| -THIS | 52 yrs. 5 mos. 2 ds or min.? | The CAUSE OF DEATH | # was as follows: | |
| RV-RV- | B OCCUPATION (a) Trade, profession or Farming | Thronic | Interstitus | in hepho |
| RESE G IN efully n pial | (b) General nature of industry business, or establishment in | | (Duration) | yrs. 6 m d |
| SINC Care Hin | which employed (r (*mployer) | Contributory | | |
| GII | (otate or country) maryland | | (Duration) | yrs mos de |
| MAR I UNI | FATHER Isaac Walter | (Signed) | (Address) Ber | In mes " |
| WITH on sk USE ON is | of 11 BIRTHPLACE OF FATHER (State or country) Mayland | * tite the Pis Violent Caus s, str Accidental, Suicidal co | rase Causing Peath, to (1) Means of Inj | or, in deaths from ury and (2) whether |
| mati mati | CF MOTHER Unknown | 18 LENGTH OF RES | IDENCE (For I ospit. | .l., Institutions, Tran |
| N Page | 13 CIRTHPLACE OF MOTHER | At place of death | In the | yrsmos d |
| All sides | (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease control if not at place of death | ected, | |
| THO CO | mining walter | Former or usual residence | | |
| WRIT y Iter y ster | (!nformant) | 19 PLACE OF BURIAL | OR REMOVAL | DATE OF BURIAL |
| Every ClAn | (Address) / 3 Morto Ma | WISLEY & | lusses & Del. | ADDRESS A |
| Š S | Filed 3/8 1930 J. I Lycun Rogistra | M Hasha | watson | Selbyrille |
| S. 5 | If more blanks are needed, address State Registra | r, 16 W. Saratoga St., B. | alto., Sequesting V. S. | No. 1. /201. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement: it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook played, as At school, or At home. Care should be taken (a) Foremon, (b) Automobile factory. The material Spinner, (b) Cotton should be used only when needed. As examples: nature of the business or industry, and therefore an sary to know Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., I'mer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm lohorer; Laborerwithout more precise specification as For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman. -Coal mine, etc. Wom-Locomolive engineer, not gainfully em-(4) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: ('grabrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pheumonia": Lobar preumonia, Bronchopneumonia ("Pneumonia.":

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"(Exhaustion," "Heart Blure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Maskes (disease inges. perilonaeum, etc., Carcinoma, Sorcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonid (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., se, se, sis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; by Committee on Nomenclature Chronic " "Coma," "Convulsions, valvular heart disease; etc. The contributory not be

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S. No. 1

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Worcester | 10827 CERTIFICATE OF DEATH |
| nan | Registration Dist. No. 5 50 |
| Village or City Pocomoke City (No. | St.: Ward) (If death occurred in a hospital or Institu- |
| ² FULL NAME Estee Ward | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single, Married, Widowed. OR DIVORCED (Write the word) | September (Month) 16 (Day) 930 (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| July 19th. 1874 | July 18th, 1930. 6 Sept. 16th, 1930. |
| (Month) (Day) (Year) | that I last saw h ill alive on Sept. 15th 1920. |
| 7 AGE If LESS than | and that death occurred on the date stated above, at |
| I dayhrs. | The CAUSE OF DEATH * was as follows: |
| 56 yrs. 1 mos. 27 ds. or min.? | |
| a) Trade, profession or Farmer | Pulmonary tuberculosis- chrontc. |
| particular kind of work FOLIMET (b) General nature of industry | |
| business, or establishment in | (Duretion) Manyore |
| which employed or (employer) | Contributory Enteritis- tubercular. |
| 9 BIRTHPLACE (State or country) | Secondary |
| Maryland Maryland | (Durstion) yrs Onemos 10 ds. |
| EATHER | (Signed) M. D. |
| David Ward | Sept. 18.1930. (Address) Pocomoke City, Md |
| OF FATHER Z (State or country) Maryland 12 MAIDEN NAME | *State the Discase Causing Death, or, in deaths from Violent Causes, state (!) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| a manual and manual an | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE | ients or Recent Residents) |
| OF MOTHER | At place of death |
| (State or Country) Virginia | Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant)Mrs.Sallie Ward | usual residence |
| (Address) Pocomoke City, Md. | GOODWILL CEMETATY |
| | Lear Pocomoke City, Nd. Sept. 18., 1930. |
| 15 Filed 9 / 8 1986 Co D Harry | Pocomoke City |
| Registrar | mous well aryland. |
| If more blanks are needed, address State Registres | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia" and spinal meningitis"): Diana" Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

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FOR BINDI

MARGIN RESERVED

V. S. No. 1

| PLACE OF DEATH County Worcester Village or City Snow Helleno. 2FULL NAME Walet Ward. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35/ St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female Color or RACE 5 SINGLE. MARRIED. Single WIDOWED. (Write the word) | 16 DATE OF DEATH Mel 19 , 1930 |
| 6 DATE OF BIRTH Jacky 25, 1917 (Month) (Day) (Year) | that I last sow hold alive on Market 1, 1922, |
| 7 AGE 1 If LESS than day hrs. day hrs. or min. | end that death occurred on the dete stated above, at 2, 30 9 m. The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | (Durstion)yrs 3_ mosde. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Durstion) |
| 10 NAME OF FATHER Devey Waters | (Signed) La S. Dickless ST M. D. Mich 26, 1980, (Address) Stock tow, Mid |
| OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Magain Wand | *State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER (State or Country) | ionts or Recent Residents) At place In the of deathyrsmosds. |
| (Informant) Bettie Harmone (Address) Snow Hill, MA | Where was disease contracted, if not at place of dea.h? Former or usual residence |
| 15 Filed 3/20 19230 LE Coy Seeth Registrar | 20 UNDERTAKER ADDRESS ADDRES |

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(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business: that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, tle first line will be sufficient, e. g.; Farmer or Planter, tion applies to each and every person, irrespective of report Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The materia single word or term on Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

"E.haustion," "Heart Laume,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Traemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o American Medical Association.) causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Toisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely s; mptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondar, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; or intercurrent) "Congenital," "Senile," etc.), "Drcpsy,",
" "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease affection need etc. The contributory not be death

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STATE OF MARYLAND PHYSI-PLACE OF DEATH CERTIFICATE OF DEATH County worceoler Registration Dist. No. 353 CTL Ward) (If death occurred in a hospit I ir institution, give its NAME it -.umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 20 5 -INGLE COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. may bo WIDOWED. CR DIVORCED (lienth)-(Write the word) I HEREBY CERTIFY, That I attended the deceased from on 6 DATE OF BIRTH uctions that (Day) (Year 2 Ü FO and that death occured on the date stated above, at fLESS than 7 AGE I day hrs. The CAUSE OF DEATH term Ш dns B OCCUPATION ESERV (a) I rade, profession or particular kind of work (b) General nature of industry 0 business, or establishment in (Duration) importa 00 which employed (r (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (state or country Duration) ш 10 NAME OF 192. Q. (Address) 0 11 BIRTHALACE CS S (D) (a) *t.te the lisease Causing l'eath, or, in deaths from Violent Caus s, st.te (') Means of Injury and (2) whether Accidental, Suicidal or Homicidal. RENT (State or country) 18 L.NGTH OF RESIDENCE (For 1 ospitals, Institutions, Trans-1 state ccup/ ients or Recent Residents) 13 EIRTHPLACE In the At place OF MOTHER ul death yis mos. ds. Stule 00 Where was disease contracted, if not at place of death? should 10 Former or usual res.dence ... DATE OF BURI Every it CIAMS stateme Registra If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Baito.,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The insterial worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: c additional line is provided for the latter statement: it nature of the husiness or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stetionary fireman, et. But in many the first line will be sufficient, e g. . I crimer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation- Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None Housemaid, etc. If the occupation has been changed d inite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a 6 yrs). For persons who have no occupation For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as (a) the kind of work and also (b) the Laborer-Coul mine, etc. Wom-(b) Greecry

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same diselse. Elemples: Cerebrospinal fever (the only definite synonymis "Indemic cerebrospinal menic, itis"); Diphtheria, avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia.":

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Marasmus," "Old Age, "Inanition," "Marasmus," etc., when a definite disease "Inanitia," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Moustes; inges, peritonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and eonsequences (e.g., sc; ss, telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICE A., State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephralis, carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJULY unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of (name origin; "Caneer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; by Committee on Nomenclature Chronic " "Coma," "Convulsions, etc. The contributory volvular heart disease; etc., el

If this certificate is looked over thoroughly and all quarions answered in detail, it will prevent further correspondence. . The data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH y classified. Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) properly of certific PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH peq back WIDOWED. may chould (Write the word) (Month (Day) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no instructions that that I last saw harmalive (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at .. 80 I day hrs. The CAUSE OF DEATH * was as follows: supplied terms ds. or min.? 8 OCCUPATION 99 (a) Trade, profession or 200 particular kind of work piai (b) General nature of industry business, or establishment in _ importa which employed or (employer) X Contributory 9 BIRTHPLACE Secondary (State or country) EA (Duration) TO ery 10 NAME OF (Signed) shoul E CF > 193 0 (Address) (0) 11 BIRTHPLACE S OF FATHER AUS *State the Disease Causing Death, or, in deaths from Z Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. informatic state CA CA 12 MAIDEN NAME D. 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-4 Cito UZV ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.......mos......ds. State.....yrs....mos. (State or Country) 00 Where was disease contracted. of if not at place of dea h?..... shoul KNOWLEDGE TO THE BEST OF MY Every item CIANS sho statement Former or usual res.dence 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER Filed If more banks are needed, addre & tate negistrar, 16 W. Saratoga St., Bulto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engincer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, to report worked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The materia specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Signal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Mcasles (disease valvular heart disease; affection need not be etc. The contributory " Shock,"

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| PLACE OF DEATH | STATE OF MARYLAND |
|---|---|
| County Marcenter | 04768 CERTIFICATE OF DEATH |
| | 90 Registration Dist. No. 332 |
| Village or City newark mg (No. | St.: Ward) (If death occurred in |
| 2FULL NAME Nellie Whale | ward) a hospital or institu- tion, give its NAME ir- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Opel 14, 1920 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HETEBY CERTIFY, That I attended the deceased from |
| /2 9 , 19/2 (Month) (Day) (Year) | that I last saw h & alive on Sept 1929, 192, |
| 7 AGE [If LESS than | and that death occurred on the date stated above, at |
| (7 yrs. 4 mos. 5 ds. or min.? | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Chronic Volules Heart Shis unknown (Duration) yrs. mos ds. |
| 9 BIRTHPLACE (State or country) Verwork Und | Secondary (Durstion) |
| 10 NAME OF FATHER DAMAGE Wholey | (Signed) a stollar M. D. Olar 13' 1930 (Address) Below M. D. |
| OF FATHER (State or country) Newark Ing. | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Juliu Portor | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Snaw Hell my | At place of deathyrsmosds. In the Stateyrsmosds. |
| 14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informance) Julia Partos | Former or usual residence |
| (Address) nemark md. | Nemoth made Come Files 30 |
| 15 Filed april 16 180 QV Munified | Character Show the |
| If more branks are needed, addres State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

er," etc., fulness of various pursuits can be known. The queslaborer, Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the nature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wanwithout more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Architect, Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc.), "Dropsy," stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Seniled etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traindeath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The contributory valvular heart Measles; disease; not be

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V. S. No. 1

| X |) | Y, PHYSI- |
|---------------------|------------------------|---|
| \$ | CORD | ully supplied. ACE should be stated EXACTLY, PHYSI-plain terms so that it may be properly classified. Exact |
| Ü | | be stated be proper |
| ESERVED FOR BINDING | INKTHIS IS A PERMANENT | E should at it may |
| ED FOR | HIS IS A | oiled. AC |
| SERVE | INKT | ully supp plain ter |

| PLACE OF DEATH County WITHIN CORPORATE LIMITS & WITHIN CORPORATE LIM | St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.) |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH 77, 192/0. (Month) (Pay) (Year) |
| (Month) (Day), 1 9 1 (Year) | that I last saw h allys on 192 , 192 |
| yrs. 2 ds. If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Fufferen Stranger (Duration) yrs. mos. de |
| BIRTHPLACE (State or country) | Contributory Secondary Duration J yis mosds |
| 10 NAME OF FATHER 6 CLUMA BILL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of deathyrsmosds. |
| (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) | Where was disease contracted, if not at place of des.h? Former or usual residence |
| Filed 8/27 19290 & Storgio | 20 UNDERTAKER Ballars Bros Docom He |
| If more branks are needed, address State Registrar | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Stationary freman, etc. But in many " etc., without more precise specification as Day Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease affection need not be etc. The contributory ," "Convulsions, Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carofully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BIND MARGIN RESERVED FOR WRITE

| County to contract County C | CERTIFICATE OF DEATH | | | | |
|--|--|--|--|--|--|
| Village or City Bishofino md 2FULL NAME Puth whit | St.: Ward) St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of alreet and number.) | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Mount) (Day) (Year) | | | | |
| 6 DATE OF BIRTH (Month) (Day), 1909 (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from | | | | |
| 7 AGE If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at 5.50 m. The CAUSE OF DEATH * was as follows: | | | | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Jaten Jegeraron Erichande. Contributory | | | | |
| 10 NAME OF FATHER WARRY Showell | (Signed) M. D. | | | | |
| OF FATHER (State or country) 12 MAIDEN NAME (State or country) | *State the I is ase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. | | | | |
| OF MOTHER Mary Marsons 13 BIRTHPLACE OF MOTHER (State or Country) Mary Cand | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, | | | | |
| (Address) Bushops Md | if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR RÉMOVAL DATE OF BURIAL Aug // 19 3 0 | | | | |
| Filed 8/9 1930 Skipu | 20 UNDERTAKER M Parha Waton Subyville | | | | |
| If more b.anks are needed, address ttate Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. I. | | | | | |

Dr Low - & Bulin

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (relaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the TESEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Louisemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know Civil engineer, Physician, fulness of various pursuits can be known. The queswhatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrsi. Farm laborer, Laborer—Coal mine, etc. Wom-ome, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, (b) Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion,"—"Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "Inanition," "Marasmus, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage cough; or intercurrent) Chronic " Old Age, etc. affection valvular heart Nomenclature The contributory Always qualify all necd "Shock, "Dropsy, disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE.

MARRIED.

WIDOWED OR DIVORCED

(Write the word

If LESS than

I day hrs.

or min.?

Village or City

6 DATE OF BIRTH

B OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work

(State or country)

10 NAME OF

II BIRTHPLACE OF FATHER

(b) General nature of industry

business, or establishment in

(State or country)

which employed or (employer)

7 AGE

16 DATE OF DEATH

and that death occur

The CAUSE OF DEAT

Contributory

Secondary

(Signed).

MEDIC

I HEREBY

5456 STATE OF MARYLAND CERTIFICATE OF DEATH

| Regist | ration I | Dist. No | 2)4 | , 0 |
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| red on the date TH * was as follows: | lows. | above, at | | |
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| sease Causing | Deutil, | or, in c | iestins . | rrom |

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

| At place of deathyrsmosds. | In the State yrs mos. de |
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| learness of the second | |

if not at place of death?

Former or usual residence.

| miles O. | - | ule |
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| 20 UN DERTAKER | 71 | |

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIA

If more blanks are needed, address Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer,"". Foreman,"". Manager,"". Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E::haustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of death cough; Chronic valvular heart Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| | PLACE OF DEATH | |
|-----------|---|--------|
| | County / twester | |
| Vil | lage or City Ila Crossquell Com | |
| | 2FULL NAME DUM OFFI | |
| | PERSONAL AND STATISTICAL PARTICULARS | |
| 3 8 | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 1 |
| 6 | ATE OF BIRTH | ٠ |
| | (Month) (Day) , 19:30 (Year) | tl |
| 7 / | Stulys from ds. ds. or min.? | T |
| (p (b v | CCUPATION 1) Trade, profession or metricular kind of work 1) General nature of industry 1 siness, or establishment in hich employed or (employer) | *** |
| 4 . | (State or country) | |
| | 10 NAME OF John Journey | (3 |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) | |
| PARE | OF MOTHER Viola / Tilliams | 11 |
| | OF MOTHER (State or country) | A |
| 14 | , | if |
| | (Informant) Churanda & Cydelatte | Fu |
| | (Address) Convince City | 11 |
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STATE OF MARYLAND CERTIFICATE OF DEATH

04769

Registration Dist. No. 35

| William | | ward) | hospital | or instituts NAME is |
|--|---|-------------|-------------------------------|----------------------|
| MEDICAL | CERTIFIC | ATE OF | DEATH | |
| 16 DATE OF DEATH | 1-1 | 9 | | 1930 |
| | (Month | ý | (Day) | (Year) |
| 17 HEREBY C | ERTIFY, Tha | t I atten | ded the de | ceased from |
| | 192192 | // | | , 192 |
| that I last saw h | | | | |
| and that death occurred | on the date | stated al | ove, at | 30 am |
| The CAUSE OF DEATH | was as follo | we: _ | 100 | 17 |
| The CAUSE OF DEATH | 1 flow | - / Ry | y Wyn | unce |
| mossic | altu | dans | c '. | |
| 1+-11 | 1 | | | |
| | | *********** | | |
| gg | (Duration |) | yrs m | ds |
| Contributory | 972 | | | |
| Secondary | *************************************** | | 44 00 11-11 1144441104 1104-1 | ******* |
| | (Dyration |) | yts | 90,ds. |
| (Signed) | A Duration | Jun | M/ | MD |
| 4/19 19230 | - 3: | 1/2 | 2 | ce - |
| | | | | |
| *State the Disea Violent Causes, state Accidental, Suicidal or | (1) Means Homicidal. | Death, c | or, in dea y and (2) | ths from Whether |
| 18 LENGTH OF RESID | | Hospital | s, Instituti | ions, Trans |
| At place | , | In the | | |
| of deathyrsmos. | ds. | | yra | .mosds |
| Where was disease contract if not at place of death? | ted, | | | |

DATE OF BURIAL

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OR REMOVAL

V. S. No. 1

8

(Approved by U. S. Census and American Public Health Association.)

Spinner, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scream, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-1/18 Farm laborer, (b) Colton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Loborer-Coal mine, etc. Wom-Locomolive engineer, (b) Grocery; 'i'he ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disc se. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"; Dinktheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL pertlonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Alcasles (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; approved by telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway troinperilonaeum, etc., Carcinoma, Sorcoma, etc., o Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Committee on Chronic etc. The valvular heart Nomenclature contributory not be discase;

| act | | PLACE OF DEATH | 10828 STATE OF MARYLAND |
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| N X | | County Workister | CERTIFICATE OF DEATH |
| 90 | | | Registration Dist. No. 353 |
| classir ate. | Vil | lage or City Bushofrom (No. | St.: Ward) St.: Ward) A hospital or institution, give its NAME is stead of street and number.) |
| titio | | 2FULL NAME Vuomas (. WW | Number.) |
| o o o | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ay be pr back of | 3 5 | 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH Sept 17, 1930. (Month) (Day) (Year) |
| at it may | 6 0 | Jane 26, 1889 | 17 HEREBY CERTIFY, That I attended the deceased from |
| struction | 7 A | (Month) (Day) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) | and that death occurred on the date stated above, at |
| H in plain terr | P. (le | occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) | Juleieuluin Jurs Johnson des Contributory |
| very imp | | (State or country) Maryland 10 NAME OF FATHER James B. Milliams | (Signed) (Duration) yrs mos ds |
| TION IS | RENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 | *State the listuse Causing Death, br, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OCCU2A | PA | 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds |
| statement of | 14 1 | (Informant) Wattr williams (Address) Grace Ville Md. | Where was disesse contracted, if not at place of dea.h? Former or usual residence |
| eta | 15 | Filed Syst 19 1980 J. L. Pryan Registras | M Parhawatsun Subjuill |
| 50 | 1 | If more banks are needed, address thate Negistrar | r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.// |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, housemaid, etc. If the occupation has been changed Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Civil engineer, whatever, write Nonc. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive household only Foreman, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation (b) Cotion mill; (a) Salesman. without more precise specification as specifically the occupations of persons en-(b) Stationary fireman, etc. But in many (not paid Housekeepers who receive a Automobile factory. The single word or term on person, irrespective of (6) material engineer, Grocery; Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fewer (the only definite synonym is "Epidemic ccrebrospinul meningitis"); Diphiluria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lubar pucumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. affection need not be valvular Nomenclature The contributory Always qualify all heart Measles ; disease; ." etc.

| 1PLACE OF DEATH | STATE OF MARYLAND |
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| County Wescell | CERTIFICATE OF DEATH Registration Dist. No. |
| Village or City (No | St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH Jacob (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I-HEREBY CERTIFY, That)I attended the deceased from |
| 7 AGE (Month) (Day) (Year) [If LESS than I day | The CAUSE OF DEATH * was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Du-16 |
| (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF Lood & Welson | (Signed) Vrs. mos. ds. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER Mongrid C. June 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted, |
| (Informant) Trongrafe | if not at place of death? Former or usual residence |
| (Address) Poroh tight | Old It fauf June 7 19 10 |
| Fileder 271920 Lary Registrar | 20 UNDERTAKER ADDRESS LOCKER |
| If more blanks are needed, address State Registrat | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

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(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (o) Solesmon, (b) Grocery; (o) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return" Laborer,""Foreman,"" Manager,""Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, fulness of various pursuits can be known. The quesborer, Farm loborer, Laborer—Coal mine, etc. Wom-Or For many occupations a single word or term on especially in industrial employments, it is necesyr.8). At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bre chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traindiseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS, state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic etc. valvulor heart diseose; The contributory not be

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| 1PLACE OF DEATH | |
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| County Morcesler | |
| Village or City Stockts | 2 |
| 2FULL NAME | 1 |

STATE OF MARYLAND

| County Morcester | CERTIFICATE OF DEATH |
|---|--|
| d+ 0+ | (8) Registration Dist. No. 317 |
| Village or City Stockers (No. | St.: Ward) (If death occurred is a hospital or institu |
| 2FULL NAME Still-Birts | tion, give its NAME is stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mukuom Colored Single, Wildowed, Wildowed, OR DIVORCED (Write the word) | 16 DATE OF DEATH Month) (Day) (Year) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I lest saw that after on Ang. 19. 1920, |
| 7 AGE If LESS than I day hrs. | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Still Sow (Duration) yrs. mos ds. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) |
| 10 NAME OF Elwood Wise 11 BIRTHPLACE | (Signed) John D. Stroken D. Chellenson, D. Chellenson, D. Chellenson, D. Chellenson, D. Chellenson, Marchen D. Chellenson, Marchen D. Chellenson, D. Chellen |
| OF FATHER (State or country) Mayland | *State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Ameta Collick | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Maryland | At place In the of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) anne Mise, (Address) Stockton Mid | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Mer J Jacel Cary 19, 1930 |

Registra

20 UNDERTAKER

If more banks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a or Al Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The Laborer-Coal mine, etc. single word or term on not gainfully em-(3) The quesmateria Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic Example: Measles (discase etc. valvular heart Nomenclature The contributory Always qualify all Measles disease

BINDIN

FOR

RESERVED

MARGIN

No

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| PLACE OF DEATH County Nacester | 06008 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| 0000 | Registration Dist. No. 354 |
| Village or City Strokley (No. | St.: Ward) (If death occurred in a hospital or Institu- |
| 2 FULL NAME Still But, | tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Remote Over Single. MARRIED WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH May 23, 1990 (Month) (Day) (Year) |
| S DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| May JJ, 930 (Year) | that I last saw halive on, 192, 192, |
| 7 AGE If LESS than 1 day | and that death occurred on the date stated above, at 9.00 A.m. The CAUSE OF DEATH * was as follows: |
| yrsds. ormin.? B OCCUPATION (a) Trade, profession or | Still Buth |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrs n105ds. |
| 9 BIRTHPLACE (State or country) Maryland | Contributory Secondary (Duration) yre, |
| 10 NAME OF Manison Wight | (Signed) Harry M. D. May 23, 1971 (Address) Streken Md |
| OF FATHER (State or country) Maryland | *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. |
| of MOTHER Jaura & Haimin | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents) |
| 13 BIRTHPLACE OF MOTHER (State or Country) Mayland | At place of deathyrsmosds. Stateyrsmosds. Where was discase contracted, |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | it not at place of dea h? |
| (Informant) Marison Shugh | usual residence |
| (Address) Workton Mel | hornoro cem May 23,30 |
| 15 Filed May 23 193 Attay Hosler Registras | O Rowly Strokly |
| If more banks are reeded, address thate Kegistras | , 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the Civil engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Physician, Compositor, Architect, Foreman, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationory fireman, etc. Locomolive engineer, But in many

Staterment of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymul lever (the only definite synonym is "Epidemic cerebrosymial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemio," "PUERPERAL perilonilis," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic The nature of the injury, etc. The contributory affection volvulor heort Always qualify all need not be disease; of the

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| | 1PLACE OF DEATH |
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| | County Worcester |
| | lage of City Grilletre (No. 2FULL NAME Harrit Wright |
| | PERSONAL AND STATISTICAL PARTICULARS |
| 3 5 | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
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| bu | o) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Maryloud. |
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| RENTS | 11 BIRTHPLACE OF FATHER (State or country) Wifewww |
| LAR | 12 MAIDEN NAME OF MOTHER WIREWOWW |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Wikuwww |
| 4 T | (Informant) July a Musou (Address) Fuduto Ind |
| 5 | Filed 6/20 19230 LE Roy Seviet |

STATE OF MARYLAND CERTIFICATE OF DEATH

67135

Registration Dist. No. 357

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

| 16 DATE OF DEATH TUNE 20, 1930 |
|---|
| (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1920, to 1930, that I last saw h Walive on July 18 1930, |
| and that death occurred on the date stated above, atm. |
| The CAUSE OF DEATH * was as follows: |
| 7 |
| Teneral Varalyses |
| |
| (Duration) yrs. mos ds. |
| Contributory |
| Secondary |
| (Dyration) yrs. mos. ds. |
| (Signed) M. D. |
| Mus to 1924 (Address) Driver VIII Md |
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| At place of deathyrsmosds. In the Stateyrsmosds. |
| Where was disease contracted, if not at place of dea.h? |
| Former or usual residence |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930 |
| 20 UNDERTAKER. JADDRESS JULIAN HILL MA |

If mora bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quesnature of the business or industry, and therefore an Civil engineer, Physician, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Compositor, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material and children, not gainfully em-Architect, person, irrespective of Locomotive engineer, Grocery,

Statement of Cause of Death—Name, first; the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" inges, penilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart tailure," Haemorrnage, "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; by Committee on Nomenclature of the for malignant neoplasms); Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. valvular heart disease; The contributory Measles;

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| | N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. | |
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| | PLACE | OF DEATH | | | 09736 | STATE OF | MARILAND |
|---------------------------|--|---|---|--------------|--|--|---|
| (| County WO | rcester | *************************************** | | | CERTIFICATE | OF DEATH |
| | | WITHIN GEREE! | ABB bir - | W | 197) | Registration | Dist. No. 3 50 |
| Vil | | ocomoke Cit | у (No. | t | | St.:Ward | (If death occurred in a hospital or institu tion, give its NAME II stead of street and number.) |
| = | PERSON | AL AND STATIST | ICAL PAR | TICULARS | MEDIC | AL CERTIFICATE | OF DEATH |
| a s M | ale | 4 COLOR OR RACE Colored | 5 SINGLE, MARRIED WIDOWE OR DIVO (Write the | R. Single | 16 DATE OF DEATH | Jugus Month 30 | +30, 1930 2 (Day) /930 (Year) |
| 6 0 | ATE OF BIRT | н | | | 17 I HEREBY | 7 | tended the deceased from |
| | | Do | nt Know | W . 1 | 000004000000000000000000000000000000000 | 192 to | , 192 |
| | | (Month |) (Da | y) (Year) | that I last saw h | alive on | , 192 |
| 7 A | GE | | 4 | If LESS than | | rred on the date stated | d above, at m |
| A b | out 30 | yrs | mos. | I day hrs. | | TH * was as follows: | le brain |
| . 16. | CCUPATION a) Trade, pro | fession or La | borer | | and le | elled le | Leon. |
| A (l/b w | a) Trade, pro articular kind o) General na usiness, or es | ture of industry tablishment in d or (employer) | ••••• | | Contributory Secondary | column (Column) | in Pocom |
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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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| PLACE OF DEATH County 11 Orcester | STATE OF MAR CERTIFICATE OF |
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OF MARYLAND CATE OF DEATH

tration Dist. No. 357

(If death occurred in a hospital or institution, give its NAME ir-stead of street and number.)

CATE OF DEATH (Day) hat I attended the deceased from te stated above, at Death, or, in deaths from of Injury and (2) Whether Hospitals, Institutions, Trans-In the State yrs mos ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, nature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many 6 Automobile factory. The Locomotive engineer, 6 materia Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> use of "Tumor" "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be for malignant neoplasms); Example: Measles (disease valvular heart disease; etc. The contributory Mcasles;